

# Rochester Philharmonic Youth Orchestra

## PARENTAL RELEASE AND MEDICAL INFORMATION FORM 2011-2012

RPYO Parents: This form gives your permission for your child to participate in RPYO activities, accepts responsibility for any damages caused by your student, and gives the RPYO permission to seek emergency medical treatment for your child.

Please read both sides of this and provide the requested information. **The RPYO Board of Directors requires the form to be signed before a Notary Public.** Without this notarization of your signature it may be difficult for your child to receive emergency medical attention.

We suggest you keep a copy of this form.

Please mail it to the RPYO Office, 108 East Avenue, Rochester, NY 14604 or bring to the RPYO Seating Auditions. Thank you.

### PARENTAL RELEASE

I give permission for my son or daughter, \_\_\_\_\_, to participate in all RPYO activities, including any Retreats, out-of-town events, picnics, and any other RPYO-sponsored activities. I understand that the RPYO assumes no responsibility for damage or loss of personal property, including musical instruments. I understand my child is to remain within the premises of the organized activity unless permission to leave is given by the Manager, Music Director, or Chaperone

I agree that should my child require medical attention at any time during the activity, the Manager, Music Director, or Chaperone shall promptly report the situation to me for instruction. In case I cannot be reached, or if it is an emergency situation, emergency care will be obtained at my expense.

I also understand that neither the RPO nor the RPYO nor any host organization will be liable for any damages my child may cause through carelessness or willful harm to property, and I assume full responsibility for payments of any such damage.

If my child exhibits behavior that is determined by the Manager, Music Director, or Chaperone to be detrimental or dangerous to the group, or if my child does not abide by the rules and regulations of the Youth Orchestra, I agree that I shall be notified. If I am not able to pick up my child promptly, he or she may be driven home at my expense by an RPYO representative or by taxi before the end of the activity.

(Notarized signature required on opposite side)

**PARENTAL AUTHORIZATION AND  
EMERGENCY AND MEDICAL INFORMATION**

**Name of Student:** \_\_\_\_\_

**Emergency Contact:**

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (day) \_\_\_\_\_ Telephone (eve.) \_\_\_\_\_

Person to contact if I am not available:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance: Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Medication Needed: Name: \_\_\_\_\_

For: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Preferences or Restrictions: \_\_\_\_\_

Please note any other medical conditions or past history we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

I am the legal guardian of the above-named student.

I accept the terms of the Parental Release regarding my child's participation in the activities of the Rochester Philharmonic Youth Orchestra.

I hereby grant permission to the Rochester Philharmonic Youth Orchestra's Manager, Music Director and Chaperones to authorize emergency medical treatment for the above-named student if I cannot be contacted.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public