



# METROPOLITAN YOUTH SYMPHONY

## 2009-10 SEASON MEDICAL FORM

*Please Print*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade in School in September '09 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I give permission for \_\_\_\_\_, a member of the Metropolitan Youth Symphony, to receive any medical treatment as deemed necessary by an adult representative of MYS, should a medical emergency occur. I understand that I am responsible for all expenses associated with the above medical treatment. All reasonable efforts will be made to reach me should an emergency occur. This authorization is in effect for the duration of the current MYS season.

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Phone Number(s) Relationship to MYS Musician

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Employer: \_\_\_\_\_

### IMMUNIZATIONS

Is your child's Tetanus immunization current (should be within 10 years)? \_\_\_\_\_

Has your child had chicken pox? YES\_\_\_ NO\_\_\_ [if no, has he/she had the Varicella vaccine? Y\_\_\_ N\_\_\_]

Are your child's other immunizations current? YES\_\_\_ NO\_\_\_ [if no, why \_\_\_\_\_]  
\_\_\_\_\_]

Current medications of which MYS should be aware: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_  
\_\_\_\_\_

Please list any known allergies to foods, prescription or OTC medications, plants, etc. REGARDLESS OF SEVERITY. Specify type of reaction and treatment (use other side of form, if necessary):

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Any other medical or personal information of which MYS should be aware?

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**In case of an emergency, please notify the following persons in the order listed:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_