

LOS ANGELES YOUTH ORCHESTRA HEALTH-EMERGENCY INFORMATION

(Please type or print clearly)

STUDENTS NAME

Last Name First Name Gender Grade

Birth Date Student - Social Security #

HOUSEHOLD INFORMATION

Father: \_\_\_\_\_ Mother \_\_\_\_\_

HOME	WORK	HOME	WORK
CELL	PAGER	CELL	PAGER

STUDENTS PHYSICIAN OR PRACTITIONER:

\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION – LIST UP TO TWO LOCAL ALTERNATES TO WHOM YOUR CHILD MAY BE RELEASED IF UNABLE TO CONTACT PARENT/GUARDIAN:

LAST NAME	FIRST NAME	RELATIONSHIP	AUTHORIZED YES/NO	PHONE NUMBER/TYPE

INSURANCE INFORMATION

COMPANY NAME:	BUSINESS PHONE:
ADDRESS:	POLICY NUMBER:
CITY:	
STATE: ZIP:	

Emergency Medical Authorization

I am the parent/guardian of the above named student. In case I am unable to be reached during an emergency, I hereby authorize the Staff of Los Angeles Youth Orchestra as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed physician, surgeon, or medical practitioner at a medical facility.

(I) (We) consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist or special supervision of a licensed physician, surgeon, or medical practitioner at a medical facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, surgeon, or medical practitioner in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California on \_\_\_\_\_ at \_\_\_\_\_, California.

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorization. In the event of a disaster, if parents or alternates are not available, my child may be released to an adult familiar to them. Yes No

Note: Signature of parents needed unless single parent or guardian with sole legal custody. If you are a single parent with sole legal custody, please circle your name.

Signed (Father or Legal Guardian)

Signed (Mother or Legal Guardian)