

Peninsula Youth Orchestra  
P.O. Box 2481 Gig Harbor, WA  
98335 253-534-5384

## Medical Release 2018-2109

Student Name: \_\_\_\_\_

Parent/Guardian contact details: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID number: \_\_\_\_\_

Allergies (food or medication):

Other details we should know:

In the event of a medical emergency I authorize the Peninsula Youth Orchestra Staff to make any medical decisions necessary for my child until I can be contacted.

\_\_\_\_\_  
Signature Date Parent/Guardian