

Medical Attention

I consent to emergency medical treatment by physicians in event of injury or illness during the student's participation with Alaska Youth Orchestras activity. I hereby waive any liability of the Alaska Youth Orchestras, its board members and contractors from any and all claims arising from such treatment.

PRINT ALL INFORMATION:

Student's Name _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Phone# _____

Parent/Legal Guardian Signature _____

Date _____

_____ **physician's name physician's phone**

_____ **health insurance carrier**

Mail to: Anchorage Youth Symphony P.O. Box 240541