The Capitol Symphonic Youth Orchestras
a NON-PROFIT ORGANIZATION
3240 Fox Mill Road, Oakton, Virginia, 22124
(703) 638-9328 • www.tcsyo.org • admin@tcsyo.org

MEDICAL RELEASE FORM

STUDENT'S NAME: _____BIRTH DATE: _____

Name of Health Care Provider: _____

Policy Number: _____ Group Number: _____

Please list any health problems that your child has: _____

Is student allergic to any medications? ☐ Yes ☐ No

If Yes, please list medications: _____

_____

Does student have any allergies? ☐ Yes ☐ No

If Yes, please list allergies: _____

Is student presently taking any medication? ☐ Yes ☐ No

If so, list medication(s): _____

Does student wear contact lenses? ☐ Yes ☐ No

Date of last Tetanus Shot: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the staff of The Capitol Symphonic Youth Orchestras to authorize medical treatment for my son/daughter.

Parent/Guardian's Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Other emergency contact: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____