

Parental Medical Consent Form

Summer Strings and Band Camp

YSYOA

At Mills Lawn Elementary School
200 S. Walnut St, Yellow Springs, Ohio 45387

Personal Data

Name _____

Instrument _____

Birth Date _____ Phone _____ Male Female

Address _____

City/State/ZIP _____

Emergency Notification

Parents _____ Alternate Contact _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Health History

- Drug Allergies Hay Fever Cardiac Seizure Disorder Mental Disability
 Food Allergies Asthma Diabetes Nervous Disorder Other
 Insect-Sting Allergies Chronic Asthma Epilepsy Physical Disability

If you have checked any of the above, please give details.

Date of Last Tetanus Shot _____

Activity Restrictions _____

Are you sending medication with your child? Yes No If yes, please note type.

Please turn in all medications at check-in.

Parental Authorization

I hereby authorize the participation of the above-named child in activities at The Yellow Springs Summer Strings and Band Camp sponsored by the YSYOA. In consideration of YSYOA providing these activities, I, on behalf of myself and the other parents and guardians of the minor, do hereby release YSYOA, its officers, employees and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these camp activities, whether on the camp premises or on the way to or from these activities. I agree to direct my child to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. I hereby give my permission to the physician, nurse, or dentist selected by YSYOA to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a participant, I understand YSYOA is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage.

Signature of Parent or Guardian _____ Date _____