

Emergency Contact/Medical Information Form

Musician Name _____

CONTACT INFORMATION:

Parent or guardian _____

(H) _____ (C) _____ (W) _____

Email address _____

Parent or guardian _____

(H) _____ (C) _____ (W) _____

Email address _____

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Facts concerning the child's medical history including ALLERGIES, MEDICATIONS being taken and any physical impairment to which YPCO/physicians should be alerted: _____

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EMERGENCY MEDICAL AUTHORIZATION

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under YPCO authority when parents or guardians cannot be reached, complete the information in Part I or II.

Part I - TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1) the administration of any treatment deemed necessary by

DR _____ (preferred physician) phone number _____

DR _____ (preferred dentist) phone number _____

DR _____ (preferred specialist) phone number _____

OR in the event the designated practitioner is not available, by another licensed physician or dentist; and
2) the transfer of the child to _____ (preferred hospital)

or any hospital reasonably accessible. (Note St Ann's Hospital is the nearest hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

(Signature of Parent or Guardian)

(Date)

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DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish YPCO authorities to take no action or to _____

(Signature of Parent or Guardian)

(Date)