

Youth Orchestras of Lubbock Health Form

Medical information provided on this form is not subject to Health Information Privacy laws. Therefore, do not disclose any information on this form you wish to remain private.

Student Name (Last, First) _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Name of Insured (Financially responsible party): _____

Relationship to student: _____

Provider: _____ Group # _____ Policy # _____

Family Doctor: _____

City: _____ State _____ Telephone _____

Date of last Tetanus vaccination _____

Medications: _____

Allergies to food or medications: _____

Preexisting conditions: _____

THE INFORMATION PROVIDED IN THIS HEALTH FORM MAY NOT BE KNOWN TO ALL YOL REPRESENTATIVES. SPECIFIC CONDITIONS THAT WARRANT NOTICE TO THE YOL REPRESENTATIVES ARE THE RESPONSIBILITY OF THE PARENT TO BE MADE BY THE PARENT TO THE YOL REPRESENTATIVES AT THE TIME OF EACH EVENT OR ACTIVITY.

In case of accident or sudden illness/injury to the above named child that necessitates immediate medical decisions, I hereby authorize a representative of YOL, Youth Orchestras of Lubbock, to seek medical treatment for my child. I release and hold harmless YOL, Youth Orchestras of Lubbock, and its employees, officers, and board members from any liability resulting from decisions made or actions taken pursuant to this Health Form. I verify that all information on this form is complete and accurate. I have read and understand all information contained herein.

Authorized signature of Parent or Legal Guardian

Date

www.youthorchestrasoflubbock.org

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