

Joshua Thompson, Music Director

Sue Nazzaro, Executive Director

Ellen Madison, Marketing Director

**Emergency Contact - First Aid/Emergency Treatment Authorization**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) /Guardian(s): \_

Home phone: Cell phone: Email address:

List any information that you would like us to know: Ex: ailments/allergies/medications

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we cannot contact either parent or guardian, please list two relatives or friends **who would have the authority** to advise us regarding your child:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

If none of the above can be reached by phone, please indicate **WHAT YOU WANT US TO DO** in case your child is sick or injured:

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please fill in blank)

□ Take to nearest hospital

If **EMERGENCY TREATMENT** is required, the responsible parties of the Saratoga Youth Symphony have my permission to use their own judgment in seeking the most expedient professional care for my child. □ Yes □ No

It is understood that the final disposition of any emergency will be the judgment of the responsible adults of the Saratoga Youth Symphony, with regard to the fullest possible extent to the recommendations of the parent/guardian stated above.

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Signature of Parent/Guardian Date