

Peninsula Youth Orchestra
P.O. Box 2481 Gig Harbor, WA
98335 253-534-5384

Medical Release 2022-2023

Student Name: _____

Parent/Guardian contact details: _____

Parent 1 Name: _____ Home: _____

Work: _____ Cell: _____

Parent 2 Name: _____ Home: _____

Work: _____ Cell: _____

Alternate Emergency Contact:

Name: _____ Relationship to Student: _____

Home: _____ Work: _____ Cell: _____

Doctor: _____ Phone number: _____

Medical Insurance: _____ ID number: _____

Allergies (food or medication):

Other details we should know:

In the event of a medical emergency I authorize the Peninsula Youth Orchestra Staff to make any medical decisions necessary for my child until I can be contacted.

Signature Date Parent/Guardian