



Picture/Medical Release Form

STUDENT NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

CONTACT PERSON: _____

RELATIONSHIP TO STUDENT: _____

PHONE(S) _____

BACK-UP Person/PHONE: _____

PHYSICIAN/PHONE: _____

Check one:

In case I cannot be contacted, I give permission for my child to receive emergency medical care by medical professionals

I **do not** want my child to receive any emergency medical assistance without my being contacted.

Photograph Release

I hereby authorize the Northern Valley Youth Orchestras to use photographs from rehearsals or performances that include the participant identified above. These photographs may be used for promotional materials or posted on the website, and will not include the child's last name.

Please initial YES ___ Participant's picture may be used

NO ___ I DO NOT WANT PARTICIPANT'S PICTURE USED

Medical Information

Please list any medical information about the student (i.e.: food allergies, behaviors, special needs, chronic or acute health problem(s)) of which the NVYO faculty should be aware. This will be kept confidential.

Parent or Guardian's signature: _____ Date: _____