



2017-2018 Medical/Media Release

Medical Release

In the unlikely event that my child becomes ill, or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the New World Youth Orchestra, immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the New World Youth Orchestras, their employees and agents from any claim of liability in connection therewith.

I give permission for dispensing of over the counter medicines (i.e. Tylenol, Tums, Ibuprofen, etc.) as deemed necessary by the NWYO staff or the designated medical person.

Student Name: _____ Student DOB: _____

Parent/Guardian Signature: _____ Date: _____

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____ Insurance Carrier: _____

ID/Card #: _____ Insured Name (Policy Holder): _____

Special medical conditions, allergies, etc.: _____

Medications being taken: _____

Media Release

This gives permission for the use of name, images, pictures, and recordings of my child, _____, by the New World Youth Orchestras without compensation except as may be agreed in advance for certain projects, this permission being a waiver as to all orchestra functions regardless of payment or other benefits to the orchestras.

Date: _____ Parent/Guardian Signature: _____

Name of your local newspaper: _____ Website: _____

(We want to make sure to contact your local publications to notify them of upcoming concerts and events. Information is not necessary for the Indianapolis Star.)