OKLAHOMA YOUTH ORCHESTRAS
GUY FRASER HARRISON ACADEMY FOR THE PERFORMING ARTS

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Name of Student:_____ Ensemble_____

We/I_____, parent(s) of the above named minor child, do hereby give permission to the Harrison Academy staff members to authorize emergency medical care and treatment for our/my child when (s)he is participating in any Harrison Academy activity and we/I cannot be contacted to obtain the necessary authorization.

SIGNATURE(S) OF PARENT(S)_____ Date_____

_____ Date_____

A copy of this document shall be as effective and valid as the original.

Telephone Numbers: Mother - Home_____

Work_____

Father - Home_____

Work_____

I/We are covered for emergency medical services by_____

_____

(Insurance Company)

My/Our policy number is_____

Family Doctor:_____ Telephone Number_____

Two people (relatives or friends) to notify in case of an emergency when parents are not available:

_____ _____

Name (please print) Telephone Number

_____ _____

Name (please print) Telephone Number