CYSO
CHESAPEAKE YOUTH SYMPHONY ORCHESTRA
WWW.CYSOMUSIC.ORG

Julien Benichou, Music Director
Linda Foss, Executive Director

Date: _____

Name: _____Age: _____ Primary MD: _____

Please circle if you have a history of:

Asthma Colon Disease Diabetes Epilepsy Abnormal Bleeding/Bruising

Glasses/Contact Lenses Depression Kidney Disease Heart problems

Other Medical Problems

Describe_____

_____

_____

Drug Allergies and Your Reaction: _____

Other Allergies: Food: _____ Other:_____

Medications

_____

_____

_____

Medical Insurance Carrier: _____

Policy Holder: _____Policy Number: _____Group Number: _____

I give permission to personnel or representatives of the CYSO to seek emergency medical treatment for my child, and also permit treatment to be carried out by local hospitals in the event that my child has been taken there for emergency care. I understand that any expense will be billed to me or my insurance carrier.

Parent/Guardian signature: _____ Date: _____