



PERSONAL AND CONFIDENTIAL
ALBUQUERQUE YOUTH SYMPHONY
BRAZIL TOUR — MEDICAL RELEASE FORM

I/we the undersigned are the parents, the parent having legal custody, or the legal guardian(s) of:

a minor, give our consent for him/her to attend the Albuquerque Youth Symphony Tour to BRAZIL, from May 29 – June 10, 2006. In the event that he/she is injured or ill, while attending the tour and requires the attention of a doctor, by signature below, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, I/we hereby authorize Mr. Dale Kempter, Mr. Amir Kats, or any of the adults chaperoning with the tour to give such consent for us, if I/we cannot be reached by telephone at one of the numbers listed below, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from us giving such consent so long as treatment is administered by or under the supervision of a licensed physician. I/we, the parent(s) or legal guardian(s), will be responsible for prompt payment of all expenses incurred with respect to any such medical or hospital care for the student.

Further, I/we affirm that the health information and insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above at the time of the tour. Should any of the information provided change, it is the responsibility of the parent(s) or legal guardian(s) to provide an updated Medical Release Form.

Prescription medication(s) student is taking. Please specify for what condition or diagnosis:

Allergies to medication or food:

Date of most recent Tetanus shot:

The above named student is covered by medical insurance provided by:

(Health Insurance Provider) (Policy Number) (Policy Holder's Name) (Social Security Number)
which will cover the cost of any medical or hospital care resulting from injuries sustained while on the Albuquerque Youth Symphony Tour.

We give consent for the above name student to receive over the counter medication, if needed, which will be administered by one of the adult chaperones, with adherence to the medication label. (Tylenol, Ibuprofen, Dramamine, Imodium, etc.) [ ] Yes [ ] No

Student Participant: Printed Name Signature Date

Student's Home Address: , NM Zip

Parent(s)/Guardian(s) Home Phone(s): , Work Phone(s) Other

Name of other emergency contact: / Relationship Phone Number(s):
Please Print Name

Parent(s)/Guardian(s): / Relationship to Student
Please Print Name Signature

/ Relationship to Student
Please Print Name Signature

State of:

County of:

Subscribed and sworn to before me this

By:



Notary Public