

**OWENSBORO SYMPHONY YOUTH ORCHESTRAS
MEDICAL AUTHORIZATION**

We, the undersigned parent(s) of _____,

do hereby authorize the Owensboro Symphony Youth Orchestra, a non-profit corporation, or its authorized representative to select any doctor, dentist, nurse, first-aid attendant, ambulance attendant, or any other person necessary to perform medical, surgical, and/or dental treatment. This authorization authorizes such doctor, dentist, nurse, first-aid attendant, and/or ambulance attendant to perform whatever medical, surgical, and/or dental treatment such person feels necessary and, further authorizes admissions to such medical, hospital and/or dental facility deemed necessary.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care.

It is also understood that effort shall be made to contact the undersigned prior to rendering any treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I agree to reimburse the OWENSBORO SYMPHONY YOUTH ORCHESTRA for any medical and/or related expense incurred on my behalf within 30 days of the event.

Parent Signature

Date

Please list any emergency/medical information that the OSYO should be aware of:

