

**CAROLINA YOUTH SYMPHONY  
PARENTAL RELEASE & CONSENT FORM  
MEDICAL INFORMATION FORM/PHOTO CONSENT  
2017-2018**

CYS Parent/Guardian This form gives your permission for your child to participate in CYS activities, accepts responsibility for any damages caused by your student, and gives the CYS permission to seek emergency medical treatment for your child.

Photo Release: This form allows CYS to use photos of your child on its website and/or in any CYS advertising effort.

**Please read both sides** and provide the requested information and sign the form. Without your signature it may be difficult to get the necessary treatment.

We suggest you keep a copy of this form.

We need this form on or before CAMP on August 11th. Please mail it to the CYS PO Box 534 Greenville, SC 29602 before that date or bring it with you to Camp

**PARENTAL RELEASE:**

I give permission for my son or daughter, \_\_\_\_\_

to participate in all CYS activities, including CAMP, out-of-town events, picnics, and any other CYS -sponsored activities. I understand that the CYS assumes no responsibility for damage or loss of personal property, including musical instruments. I understand my child is to remain within the premises of the organized activity unless permission to leave is given by the Executive Director, Music Director, or Chaperone

I give permission for any photos or videos taken of my child during CYS activities to be used by CYS in advertising and public relations efforts of the orchestra.

I agree that should my child require medical attention at any time during the activity, the Executive Director, Music Director, Staff or Chaperones shall promptly report the situation to me for instruction. In case I cannot be reached, or if it is an emergency situation, emergency care will be obtained at my expense.

I also understand that neither the CYS nor the CYS Parent Guild nor any host organization will be liable for any damages my child may cause through carelessness or willful harm to property, and I assume full responsibility for payments of any such damage.

If my child exhibits behavior that is determined by the Executive Director, Music Director, Staff or Chaperones to be detrimental or dangerous to the group, or if my child does not abide by the rules and regulations of the Carolina Youth Symphony, I agree that I shall be notified. If I am not able to pick up my child promptly, he or she may be returned home at my expense before the end of the activity.

**PARENTAL AUTHORIZATION AND  
EMERGENCY AND MEDICAL INFORMATION**

**Name of Student:** \_\_\_\_\_

**Emergency Contact:**

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (day) \_\_\_\_\_ Telephone (eve.) \_\_\_\_\_

Person to contact if I am not available:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance: Carrier \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Medication Needed: Name: \_\_\_\_\_

For: \_\_\_\_\_

Permission to administer: please circle

Tylenol/generic      advil/generic      benedryl/generic \_\_\_\_\_  
pepto bismol/generic      immodium/generic \_\_\_\_\_ sudafed/generic \_\_\_\_\_

**Allergies : IF YOUR CHILD HAS AN ALLERGY THAT  
REQUIRES AN EPPI PEN THEY ARE TO BRING  
ONE TO CAMP AND CARRY IT WITH THEM AT  
ALL TIMES.**

Please note any other medical conditions or past history we should be aware of:

\_\_\_\_\_

I am the legal guardian of the above-named student.

I accept the terms of the Parental Release regarding my child's participation in the activities of the  
Carolina Youth Symphony.

I hereby grant permission to the Carolina Youth Symphony's Executive Director, Music Director, Staff and  
Chaperones to authorize emergency medical treatment for the above-named student if I cannot be contacted.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature