

Napa Valley Youth Symphony  
P.O. Box 6594  
Napa, CA 94581

Administration: (707) 877-NVYS

## AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant of California Civil Code Section 25.8  
Pursuant to California Penal Code Sections 12078, 12101, and 12552

### MEDICAL RELEASE FORM

Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, the undersigned hereby authorize the Napa Valley Youth Symphony Leader or any such substitute as may be designated as agent for the undersigned to consent to an x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provisions of Medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

In sending your child to this event, the undersigned waives all legal claims against the Napa Valley Youth Symphony, its directors, officers and employees and agrees to indemnify and hold harmless same from any such claims related to, or arising from, pre-hospital, first aid, and/or rescue efforts provided in accordance with the foregoing or by a designated first aid staff, be they paid or volunteer.

Please print all information:

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work / Home Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Primary Carrier: \_\_\_\_\_

MEDICAL INFORMATION (past or present) that NVYS should be aware of:

\_\_\_\_\_

Allergies	Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Bites	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any special equipment needed such as orthopedic devices, glasses or contacts, dentures?  Yes  No

Explain any yes answers, list medications that your child is currently taking, and give information needed to provide as safe and full participation as possible:

\_\_\_\_\_  
\_\_\_\_\_

This authorization will remain effective while the above minor is enroute to or from, involved, or participating in any Napa Valley Youth Symphony program or activity, unless revoked in writing by the above, signed and delivered to the aforesaid agent.

Parent or Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_