



**Greater New Orleans Youth Orchestras  
20<sup>th</sup> Anniversary East Coast Tour to Carnegie Hall  
Emergency Contact  
Medical Information Form**

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**INSURANCE INFORMATION**

*Attach a copy of front/back of the insurance card in case medical attention is necessary.*

Policy Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Holder's Address (if different from above)  
\_\_\_\_\_

Insurance Company Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFO**

Please answer the following questions concerning the participant health. If you answer yes to any question, Please provide a list where applicable.

Does the participant have

Any physical handicap or limitation?

Allergies? \_\_\_\_\_ Asthma? \_\_\_\_\_

Other conditions? \_\_\_\_\_

Any medications taken regularly which may affect the participant's activities or behavior.? \_\_\_\_\_

Is the participant currently taking any medication?  Yes  No

*Please consider prescription drugs and over-the-counter medication that might be needed for headaches, cramps, insect bites, hay fever, etc.*

Name of Medication 1 \_\_\_\_\_

Reason taken \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency of Dosage \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_

Reason taken \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency of Dosage \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_

Reason taken \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency of Dosage \_\_\_\_\_

*Send the medication with the student; it will be kept by him or her unless we are notified.*

*In case of accident or serious illness. I request GNOYO to contact me. If GNOYO is unable to reach me. I hereby authorize GNOYO to make whatever arrangements they deem necessary.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_