

Permission and Authorization for Emergency Transportation & Treatment

Student's Name _____

Parent/Guardian Name _____

Home Address _____ City/State/Zip _____

Date of Birth _____ Age _____ Gender _____ Cell # _____

Telephone # _____ Work # _____

Please check one:

I do ___/do not ___ authorize CVYS personnel to arrange for medical transportation for my son/daughter to an emergency room in the event that emergency care is needed.

I do ___/do not ___ authorize the physician and/or hospital staff to treat my son/daughter as they deem necessary in the case of an emergency.

Name of Medical Insurance Company _____

Name of Subscriber _____ Policy Number _____

Is your son/daughter taking any medication? Yes ___ No ___

List medications: _____

Does your son/daughter have any allergies/medical conditions that we need to know about?

Yes ___ No ___ If yes, please explain: _____

Field trip permission

I do ___ do not ___ authorize my son/daughter to participate in CVYS sponsored trips ie. MN orchestra trip/bus tour.

I understand and authorize all of the above: Name: _____ | Relationship _____

Field trip code of conduct

1. Students will respect all public property.
2. Students shall keep their adult advisor informed of their activities and whereabouts at all times.
3. Students will be prompt for all activities.
4. Students shall be financially prepared for all possibilities.

(continued on next page)

Code of conduct continued...

5. No student shall leave their group (except for authorized events) unless permission has been given by the adult advisor.
6. According to state statute, possession or use of tobacco products are prohibited.
7. Students are required to attend all scheduled meetings and activities.
8. No alcoholic beverages or narcotics in any form shall be possessed or consumed by students at any time, under ANY circumstances.
9. Students violating or ignoring any of the conduct rules may be sent home immediately at parental expense.

I understand and will abide by this code of conduct.

Student Name (please print)

Student Signature

Photo Permission Slip

Throughout the course of the season, photos will be taken. We occasionally will use these photos in our publications, on displays or the CVYS website or CVYS Facebook site. Unless prior arranged, we will not place child names with photos.

This is an **opt out** permission slip. Only sign if you choose not to have your child's picture published as indicated above.

_____ I/We do not want our child's picture used in any publications, displays or on the official CVYS website or CVYS Facebook site.

Signed: _____ Relationship _____ Date: _____

Thank you! Please contact our office with any questions: 715-955-4085 | info@cvyouthsymphony.org