

# Parent/Guardian Medical Consent Form - 2021

## Yellow Springs Summer Music Camp

### YSYOA

At Mills Lawn Elementary School  
200 S. Walnut St, Yellow Springs, Ohio 45387

*Please print out, then fill out this form (to be handed in before or at first class).*

Student 1<sup>st</sup> Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_ Instrument: \_\_\_\_\_ Years Played: \_\_\_\_

**1. Parental/Guardian Consent:** I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, as appropriate, of \_\_\_\_\_, give my consent for him/her to participate in all activities associated with the above stated Yellow Springs Summer Music Camp (hereafter known as YSSMC). I understand that this consent will include participation in all rehearsals, concerts and activities related to YSSMC and will include travel to and from these events. I also understand the camper above is responsible to behave in a respectful manner and follow the rules set up at the above checked location(s) or locations of events related to the camp.

**2. Covid-19 Release:** As parent/Guardian of the above said camper, I am aware of the potential risks due to the current pandemic as well as other similar factors such as influenza, SARS or MRSA. I understand that by agreeing to send my child to this/these classes, I am agreeing to the following:

I am waiving my right to any liabilities, claims, lawsuits, collection of expenses, damages or actions against representatives of YSSMC or facilities where classes, rehearsals and performances take place due to injury, loss or death related to the above illnesses.

I am agreeing to safety procedures which align with YSSMC, Mills Lawn, State, Local and Federal law and mandates. I realize that if my child or immediate families show symptoms of or have come in contact with someone diagnosed with the above mentioned illnesses including Covid-19 I will notify YSSMC representatives and will not attend camp until safe.

**3. Media Release:** At times families and representatives of YSSMC will want to take pictures or video of concerts and activities. These may be posted on the YSYOA website or social media of YSYOA or families of members of the camper (including but not limited to concert programs, brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits). I understand that names of campers shall never be posted or distributed without the express written consent for each image used of the below signed legal guardian(s).

I give permission to use my child's image in the above described manner

I do not give permission for my child's image to be used in the above described manner unless their face has been appropriately blurred out. I give YSSMC permission to share this notice with families of other YSSMC campers. I do not hold YSSMC, YSYOA, Yellow Springs Exempted Village School District or its representatives responsible if someone not employed by them posts a picture.

#### STUDENT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION

Chronic Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number (during class time): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**4. Medical Treatment Authorization:** I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). *(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment. Any exclusion from particular treatments must be legal and stated explicitly on this form with attachments if details necessary.)*

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian) (Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian) (Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

Your personal primary contact phone number: \_\_\_\_\_ Your Email address: \_\_\_\_\_

**NOTE:** Class attendees 18 or older who are their own legal guardian may sign this form.