



MEDICAL RELEASE FORM

Student Name: _____

NJYS Ensemble: _____

In the absence of a parent or legal guardian of the student named above, and in the case a parent or legal guardian cannot be contacted, in the event of an emergency, the Undersigned parent or legal guardian authorizes NJYS to take such measures and arrange for such medical and hospital treatment as is deemed necessary and appropriate to protect the health and well-being of the student named above. NJYS is also authorized, in the event of an emergency, to permit necessary surgery or medicine application as advised by a physician or medical staff, or to take the student named above to the emergency room of the nearest hospital. Further, the Undersigned authorizes that hospital and its medical staff to provide necessary and appropriate surgery and medical treatment to restore well-being to the student named above. The Undersigned agrees to indemnify and hold harmless NJYS, its employees and representatives against any action resulting from negligence or accidental transgressions while performing under this authorization.

Parent or Guardian Signature: _____

Print Parent or Guardian Name: _____

Date: _____

Emergency Contact #1 Name: _____

Emergency Contact #1 Telephone: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Telephone: _____

Please return this form to:

NJYS
570 Central Avenue
New Providence, NJ 07974