

All Florida Youth Orchestra Inc.  
1708 North 40<sup>th</sup> Avenue  
Hollywood, FL 33021  
954-962-5666  
954-962-8080 fax  
[FYOmusic@gmail.com](mailto:FYOmusic@gmail.com)



**Musicfest 2019 Summer Camp**  
**Direct Camp Phone: 954-913-9331**  
**DawnJanosik@gmail.com**  
**Camp Location:** Westminster Academy  
5601 N. Federal Highway  
Fort Lauderdale, 33308

## MUSICFEST 2019 MEDICAL PERMISSION

**This original form along with the Registration and Parental Consent forms must be filled out and MAILED  
To FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321**

**Do Not Fax The Forms – They Must Be Originals**

I \_\_\_\_\_ the parent or guardian of \_\_\_\_\_

Residing at \_\_\_\_\_  
Address City ZIP

Hereby give permission for my child to receive any medical treatment deemed necessary in the event of a medical emergency while participating in the **Florida Youth Orchestra, Musicfest Summer Camp** from June 10<sup>th</sup> – 21<sup>st</sup> 2019

\_\_\_\_\_  
Signature of parent or guardian Date

Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Notes: \_\_\_\_\_

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

Parents' Telephone: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Parent's email \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Telephone \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Date Received in FYO office \_\_\_\_\_