

**Medical Release Form
Children's Summer Music Camp
July 28-August 1, 2008**

Participant's Name _____ Age _____

Street Address _____ Last Grade Completed _____

City/State/Zip _____

Parent/Guardian Name _____

Street Address (if different from above) _____

City/State/Zip (if different from above) _____

Home Phone _____ Business Phone _____

Family's Health Insurance Company _____

Policy Number _____

Is participant currently taking medicine or treatment? _____ Yes _____ No

If Yes, explain _____

Has participant been restricted from sports or swimming for any reason? _____ Yes _____ No

If Yes, explain _____

Has participant ever had a severe reaction to a bee/hornet sting or insect bite? _____ Yes _____ No

If Yes, explain _____

Date of last tetanus shot: Month _____ Year _____

List any allergies: Food _____

Drugs _____

Other Medical Conditions (example: hay fever, sleepwalking) _____

If parent/guardian cannot be reached, please notify _____

Phone _____

In the event of an emergency, I hereby give permission to the appointed sponsors who are with my child, or their designee who is present, to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and/or secure proper treatment for my child.

Parent/Guardian Signature _____ Date _____