



MEDICAL RELEASE FORM

Student Name: _____

Date of birth: _____

Parent or Legal Guardian: _____

Parent Cell phones: _____

Physician: _____ Physician Phone: _____

Insurance Co: _____ Policy Number: _____

Known Medical Issues we should be aware of:

Date of last Tetanus Shot: _____

Allergies (Including drug allergies):

Food allergies:

Prescription Medications student needs to take (must fill out the Prescription form):

Please describe any health concerns you may have about your child:

I understand that in the event of a medical emergency, or if any medical or surgical care becomes necessary for _____, every attempt will be made to contact me. If I am unavailable, I grant those in charge of this event permission to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency treatment. We release and discharge the Emerging Sound, all staff, counselors, and instructors of the Emerging Sound, any staff of Lakeview Camp and Retreat Center, and New Nation Music LLC, and/or it's representatives involved in this event from any liability whatsoever in exercising this permission.

Signature of Parent or Legal Guardian

Date