

Innsbrook Institute Medical Release Form

PLEASE **PRINT** ALL OF THE FOLLOWING INFORMATION:

Student's **LAST** name _____ **FIRST** name _____

Date of Birth ____/____/____ Address _____

Home phone ____ - ____ - ____ Parent's cell phone or pager ____ - ____ - ____

City _____ State _____ Zip _____

Name in case of emergency _____ **Relation to student** _____

Emergency phone number ____ - ____ - ____

Physician _____ Physician's phone ____ - ____ - ____

Insurance Co. _____ Insurance Policy No. _____

Please list below any medication to which your child may be **allergic** or any medical conditions of which we need to be aware:

Does your child take any medication? If so, what? Please explain times per day and dosages.

I, the undersigned parent or guardian of the named camper, a minor child, hereby authorize The Innsbrook Institute, through any one of its agents or employees, to provide medical care for the named camper (including transportation to a medical facility), if such is deemed necessary by either party, from the commencement of the camp for which the camper is attending to its conclusion. I further authorize The Innsbrook Institute, through any one of its agents or employees, to consent to medical treatment of any nature deemed necessary by a physician, hospital or any other care facility in the event that such camper suffers injury or illness during the period described above.

I hereby release The Innsbrook Institute and its employees, camp faculty and staff from any and all liability and responsibility in connection with accident or injury to my child while at the Innsbrook Music School. I understand that my child may participate in swimming activities.

Signature of Parent or Guardian
(Required if student is under 18 years of age)

Date

Signature of Student

Date