

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 student, a minor child, hereby authorize The Innsbrook Institute, through any one of its agents or employees, to provide medical care for the named student (including transportation to a medical facility), if such is deemed necessary by either party, from the commencement of the academy for which the student 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 student suffers injury or illness during the period described above.

I hereby release The Innsbrook Institute and its employees, 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