



## 2018 SUMMER CAMP EMERGENCY INFORMATION AND RELEASE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Emerg. Contact: \_\_\_\_\_  
Name Phone #

Health Insurance: \_\_\_\_\_ (\_\_\_\_)  
Provider Name Telephone #  
Name of Covered Member Group # ID #

Physician Name: \_\_\_\_\_ Ph. #: (\_\_\_\_) \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies or any adverse reactions to medication or food: \_\_\_\_\_  
\_\_\_\_\_

Recent surgery/serious illness: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Immunizations up-to-date: \_\_\_ Yes \_\_\_ No Date of last Tetanus: \_\_\_\_\_

I/we hereby give my/our consent, as the parent(s)/guardian(s) of the student named above, for his/her involvement in the Masterworks Children's Choruses (MCC). I/we understand that his includes, but is not limited to, rehearsals, concerts, and musical performances.  
With the understanding that all possible caution will be taken by those persons in charge to prevent injuries, I/we release the MCC staff and volunteers and Masterworks Chorale, Inc. from any and all liability arising from participation.  
In the event that I/we cannot be reached, I/we hereby authorize an adult representative of the MCC to seek and consent to emergency medical treatment for the above named participant, which may be deemed necessary, including permission to transport the participant to a hospital emergency room. I/we wish to be advised prior to any further treatment by the hospital or medical professional. It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the participant due to any illness or injury incurred during the above-described activity. I/we further understand and agree that I/we assume full responsibility for any loss or damage to property or for bodily injury to others, caused by the above named participant, whether by accident or intent. I/we also understand that if the behavior of this participant becomes inappropriate, I/we will be responsible for immediate transportation from the activity. I/we have read the above form and fully understand and consent to these terms.

\_\_\_\_\_  
Parent/Guardian Name(s) (printed) Parent/Guardian Signature(s) Date