

# FRYO Summer Music Camp July 17 - 21, 2017 MEDICAL RELEASE FORM

(submit before June 1, 2017)

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

I hereby give permission for my son/daughter named above to attend the Frederick Regional Youth Orchestra (FRYO) Summer Music Camp to be held at The Frederick Church of the Nazarene from July 17 through July 21, 2017. I give the FRYO staff and volunteers permission to obtain emergency medical attention as needed, and will be responsible for costs incurred for any medical treatment. In the event that my son/daughter needs medication and is unable to administer same, I give permission for an adult staff member or volunteer to do so. I hereby release FRYO, it's staff, and it's volunteers from liability for any injury or illness my son/daughter may sustain during such an event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Emergency Numbers

Father/Guardian \_\_\_\_\_

Home(\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Other Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

## Medical History and Information

Medical Concerns \_\_\_\_\_

Allergies \_\_\_\_\_

Medications (with dosage and schedule) \_\_\_\_\_

Date of last tetanus shot \_\_\_/\_\_\_/\_\_\_ Family Doctor \_\_\_\_\_

Doctor's Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_