

MEDICAL INFORMATION AND RELEASE FORM FOR MINORS

Name of Participant: _____ **Sex** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Primary Care Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Please give us the name of your health/accident insurance carrier(s) and appropriate policy number(s):

Name of Carrier

Policy Number

***** PLEASE ATTACH A COPY OF YOUR INSURANCE CARD *****

Does this student have any chronic or acute medical problems? _____

Please explain. _____

List any allergies to food, pollen and medication: _____

List any medications being taken at present time: _____

My child has permission to attend the Junior International Trombone Festival. I fully realize that injury or illness to my child may result from or during participation in the Festival. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the Junior International Trombone Festival and/or International Trombone Association representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of Redlands Health Center, at a local hospital or elsewhere.

Signature of Parent/Legal Guardian

Date