



2008 SUMMER CAMP FOR YOUNG VOICES
Medical Waiver and Release

Student's Name _____ Age ____

Home Street Address: _____

City/State/Zip: _____

Home Telephone #: _____ Parent's E-mail Address _____

Two Emergency Contacts (name and telephone #): _____

Preferred Physician and Telephone #: _____

Preferred Dentist and Telephone #: _____

Preferred Hospital: _____

INSURANCE INFORMATION Do you have insurance? yes no

Medical Insurance Plan Name: _____

Policy #: _____ Subscriber's Name _____

Subscriber's Social Security Number of ID _____

STUDENT MEDICAL INFORMATION

Please explain any chronic medical problems or conditions that could limit the student's participation in any artistic, social, or athletic activities (including current medications): _____

Please enter the date of the last Tetanus immunization the student has received: _____

Please list ANY allergies to food, medication, etc.: _____

Please list any dietary restrictions: __diabetic __lactose intolerant __vegan __vegetarian
__no fish __no chicken __no red meat __no pork __no eggs

I give permission for _____ to receive medical treatment (including medication, laboratory studies, x-rays, emergency services, blood transfusions, surgery, etc) upon the authorization of the designated staff of the Young Voices of Atlanta. I understand that every attempt will be made to contact me if a medical emergency arises. Also, I understand that in the event the preferred doctor/dentist/hospital is not available, another licensed physician or dentist or a reasonably accessible hospital will be used.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery.

Waiver and Release

I hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators, and assigns to release and hold harmless the Young Voices of Atlanta, its sponsors, officers, agents, licensees and representatives from any and all liability for delays, injuries, illness or death, or for the loss of or damage to my property, occurring during any portion of, or in relation to this program.

_____ Date: _____
Student's Signature

Student's Printed Name

_____ Date: _____
Parent's Signature

Parent's Printed Name

All information will be kept strictly confidential.