



2019 ISB Young Bassists Program Medical Release Form

(Complete and Return for All Participants Under Age 18 as of June 3, 2019)



1820-2020

PLEASE PRINT CLEARLY

DATE _____

Name of Minor _____

Date of Birth _____

Emergency Contact #1 Name _____

Emergency Contact #1 Relationship to Minor _____

Emergency Contact #1 Mobile Phone Number _____

Emergency Contact #2 Name _____

Emergency Contact #2 Relationship to Minor _____

Emergency Contact #2 Mobile Phone Number _____

Health Insurance Provider _____

Policy # _____

Primary Physician Name _____

Primary Physician Phone Number _____

List any pertinent medical history or additional information _____

Please list any medications your child would take during their time at the ISB Young Bassist Program:

Medication (Must Check "Yes" to One of These Options)

- My child will be in charge of his/her own medication.
- A parent or guardian will be available to give my child his/her medication. I understand that ISB staff will not be available to oversee or dispense medications.

Please list any allergies your child has, food or otherwise: _____

Please list any addition dietary restrictions: _____

MUST CHECK HERE TO INDICATE PARENT HAS READ STATEMENT BELOW:

While the leadership of the ISB will take every ordinary precaution for the safety of each participant, it is understood that participation in the activities is at his/her own risk. In the event that I am unable to be reached, in the case of injury or illness, I, (parent or guardian) _____ hereby give permission for treatment as deemed necessary by the staff. I also release the ISB, its leaders and Young Bassists program staff, and Indiana University of liability in case of injury or illness incurred by my child, (name of participant) _____

PARENT'S SIGNATURE (REQUIRED): _____