



Medical Release

- *The following information is required to be received for students 17 and Under.*
- *The following information is recommended and encouraged to be received for students 18 and Over.*

STUDENT NAME

Form Deadline: June 1

I/We hereby give permission to Rocky Mountain Summer Conservatory to seek medical care for my/our child, in the event of illness or injury for the period of time from:

SIGNATURE

DATE

(FATHER/LEGAL GUARDIAN)

SIGNATURE

DATE

(MOTHER/LEGAL GUARDIAN)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Physician

Physician's Phone Number

*Insurance Company

Insurance Company Phone

Insurance Policy Number

*Please include a copy of your health insurance card

ADDITIONAL BILLING INFORMATION

In Case Of An Emergency, Please Contact:

Name

Home Phone Cellular Phone

Work Phone Pager Number

Relationship to Student