

# Morehead State University Summer Music Academy

Morehead State University, Morehead, KY 40351-1689

Department of Music  
106 Baird Music Hall

Telephone: (606) 783-2473

**June 7 – 13, 2009**

## **Medical Release Form**

These forms are to be completed by the parent/legal guardian of the participant. Thank you for printing clearly.

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participants Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State, Zip

has my permission to participate in the activities of the Morehead State University Summer Music Academy. There are no apparent health contraindications to participating in routine program activities (walking to and from rehearsal and activities, rehearsing, etc.), various recreational activities (throwing frisbee, corn hole, playing basketball, etc.).

Comments, special problems, allergies, daily medications (over the counter and prescription – include dosage directions), etc. **Any prescription drug sent with the participant must be in its original container and clearly labeled with the child's name, the name of the drug, and directions for administering the drug. No medications will be given against instructions printed on the label. Medication must be signed in to Academy personnel during registration.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent/Legal Guardian's Name \_\_\_\_\_ Phone # H (\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Address (if different than above) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group or Policy Number \_\_\_\_\_

**MEDICAL:** Unless prior arrangements have been made, all medical needs of the students will be handled through *St. Claire Medical Center*, Morehead. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, we are required to have a medical release form on file signed by the parent. The hospital will not perform services unless this form is presented at the time of needed treatment.

\_\_\_\_\_ has my permission to receive medical attention in the event of illness  
Participants Name

or medical emergency while participating in the Morehead State University Summer Music Academy during the period of June 7 – 13, 2009. I will assume financial responsibility for any cost of health care for my child that may occur during the MSU Summer Music Academy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature