

Morehead State University Summer Arts Academy

Morehead State University, Morehead, KY 40351-1689

Department of Music, Theater & Dance
106 Baird Music Hall

Telephone: (606) 783-2473

2019 Medical Release Form

This form is to be completed by the parent/legal guardian of the participant. Thank you for printing clearly.

Participant's Name _____ Age _____

Participants Birth Date _____

Address _____
Street City, State, Zip

My son/daughter has my permission to participate in the activities of the Morehead State University Summer Arts Academy. There are no apparent health contraindications to participating in routine program activities (walking to and from classes and activities, etc.), various recreational activities (bowling, kickball, etc.).

Is there any additional medical information we should know about your child?

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 Regional Medical Center*, Morehead. In cases where medical attention is necessary, parents will be contacted as soon as possible. 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 Arts Academy during the period of June 9 – 15, 2019. I will assume financial responsibility for any cost of health care for my child that may occur during the MSU Summer Arts Academy.

Date

Parent/Legal Guardian Signature