



**Inside Out Steelband Camp 2017  
Parental Authorization and Release  
Medical Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (2017-18 school year): \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Emergency Contact II Name and Phone: \_\_\_\_\_

Preferred Local Physician Name and Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical conditions, including attention or learning disorders, dietary restrictions:

\_\_\_\_\_  
Allergies (medication and food): \_\_\_\_\_

Current medication(s): \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) am allowing  
\_\_\_\_\_ (student's name) to enroll in the **2017  
Inside Out Steelband Camp**. I hereby release **Inside Out Steelband Camp**, its Directors, teachers,  
and any volunteer carriers of my child from any and all liability and responsibility in connection  
with the activities of the camp. I authorize **Inside Out Steelband Camp** and its representatives  
to consent to emergency medical treatment to be administered by such physicians, other  
medical personnel, hospitals, and/or clinics as may be selected by the **Inside Out Steelband  
Camp** or its representative. **Inside Out Steelband Camp**, its Directors, teachers or volunteers are  
not financially responsible for emergency care or transportation.

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

\_\_\_\_\_  
Date