



Medical Information and Release Form

Name (first, last, middle) _____

Age _____ **Sex** _____

Parent's Name _____

Address _____

Home Phone _____ **Parent Cell Phones** _____ / _____

E-mail _____

On the back of this form, list pertinent information regarding past health problems, tendencies, or challenges which could affect your child and should be known by our counseling staff. Include medication time-tables for distribution as necessary, and detail any activities which could be unhealthy for your child. All information is kept confidential, and your family's privacy is respected.

Medical Insurance Provider _____

Group Policy Number _____

Phone number of Insurance company _____

Family Doctor or Primary Care Clinic _____

Phone number of Family Doctor or Primary Care Clinic _____

Liability, Medical and Publicity Release:

I release PETERSON CONSERVATORY of MUSIC and ARTS, and its employees, boards, members and volunteers from all liability for any injury, loss or damage, on or off the premises, including transportation, from my child's participation in the above program; I authorize PCMA to provide MINOR INJURY AND EMERGENCY medical treatment for my child as necessary and/or to transport to an emergency center for treatment. I also give permission for PCMA and its program co-sponsors to use, without limitation or obligation, photographs, film footages or tape recordings which may include my child's image or voice for publicity or promotion of PCMA programs. (no names or identities would be shown without permission)

Parent/Guardian Signature: _____

Date: _____

CAMP DIRECTOR S. Peterson: 360-421-2527

HEAD COUNSELOR L. Iverson: 360-399-0746

TREASURER: B. Christensen 360-941-7674