|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student name | Click here to enter text. | | | |
| Mother’s name | Click here to enter text. |  | Mother’s day phone | Click here to enter text. |
| Father’s name | Click here to enter text. |  | Father’s day phone | Click here to enter text. |

# Consent for the Treatment of a Minor

The following release must be signed by the parent or guardian before the student can attend the Fry Piano Camp.

|  |
| --- |
| First Name |

I, the undersigned, as the parent or legal guardian of (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for treatment of any illness or injury of the minor. The attending physician, appropriate staff, Jesse Fry, Emily Fry, and any approved volunteer shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provides that these services are performed with ordinary care and to the best of their ability.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Print name | Click here to enter text. | Date | Click here to enter a date. |

**Medical Information Related to Minor**

|  |  |
| --- | --- |
| Allergies | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Medications | Click here to enter text. | Date of Last  Tetanus Booster | Click here to enter a date. |

Pertinent Medical History or Conditions

|  |
| --- |
| Click here to enter text. |

# Insurance

# I, the undersigned, as the parent or legal guardian of the minor child, hereby acknowledge that the forenamed minor is covered by medical and prescription drug insurance as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Insurance |  | Prescription Drug Insurance | |
| Name of Insured | Click here to enter text. | Name of Insured | Click here to enter text. |
| Insurance Company | Click here to enter text. | Insurance Company | Click here to enter text. |
| Phone | Click here to enter text. | Phone | Click here to enter text. |
| Employer/Group Name | Click here to enter text. | Employer/Group Name | Click here to enter text. |
| Group Number | Click here to enter text. | Group Number | Click here to enter text. |
| ID# | Click here to enter text. | ID# | Click here to enter text. |

**What else should we know about your child?:**

|  |
| --- |
| Click here to enter text. |
|  |
|  |

It is further understood that Jesse and Emily Fry do not provide medical insurance covering injuries of any nature incurred at the Piano Camp. The undersigned hereby release Jesse Fry, Emily Fry and approved volunteers from any and all claims demands and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed child in the Fry Piano Camp. I understand that the Frys are not liable for any accidents, medical charges, emergency room charges or medical or pharmaceutical charges incurred during the Piano Camp.

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