

Fry Piano Camp  
Medical Release Form

Student name \_\_\_\_\_  
Mother's name \_\_\_\_\_ Mother's day phone \_\_\_\_\_  
Father's name \_\_\_\_\_ Father's day phone \_\_\_\_\_

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**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.*

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 \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information Related to Minor**

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

Pertinent Medical History or Conditions \_\_\_\_\_  
\_\_\_\_\_

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**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**

Name of Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer/Group Name \_\_\_\_\_  
Group Number \_\_\_\_\_  
ID# \_\_\_\_\_

**Prescription Drug Insurance**

Name of Insured \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer/Group Name \_\_\_\_\_  
Group Number \_\_\_\_\_  
ID# \_\_\_\_\_

Return this Medical Release form to:  
Jesse Fry \* 252 Lydia Circle \* Irving, TX 75060  
Jesse@JesseFry.com

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

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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 \_\_\_\_\_

Return this Medical Release form to:  
Jesse Fry \* 252 Lydia Circle \* Irving, TX 75060  
Jesse@JesseFry.com