

MEDICAL RELEASE FORM

Parental Consent for Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of _____
_____, hereby authorize any necessary medical treatment for this person during the
time in which he/she is participating in the _____ Music Festival. I also
guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, X-ray, lab,
medication, ambulance, etc.)

In regard to such person, I submit the following information:

1. Allergies to food, medications, etc. (If none, state it so.):

2. Special medical problems (If none, state it so.):

3. Does participant carry or require medications? (If none, state it so.)

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

4. Date of last Tetanus shot: _____

5. Family Physician: _____

Office Address: _____

Phone Number: _____

Parent/Guardian Signature _____

Date: _____

TYPE OR PRINT NAME OF PERSON SIGNING _____

Relationship: _____ Witnessed by: _____

Residence Address: _____

Home Phone Number: _____

Daytime Phone Number: _____