



PERMISSION AND MEDICAL RELEASE FORM

Student Name (please print): _____ **Age:** _____ **Sex:** _____

Address: _____ **Phone: H:** _____

City, State, Zip: _____ **Cell (parent):** _____

Parents/Guardians: _____ **Cell (student):** _____

Work Phone (Dad): _____ **Work Phone (Mom):** _____

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to YAWPF staff to act as agents on my behalf to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the YAWPF staff examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with participant's parent(s) or guardian, and/or determination of the participant's ability to continue in the program activities.

I release the *Wirth Center for the Performing Arts, Bethel University*, and the *Young Artist World Piano Festival* staff from responsibility and liability for any injury or illness that my child may sustain during this event. If my student has a medical condition requiring medication, I take responsibility for notifying staff of the condition and the appropriate dosages of medication, and I give the staff permission, in case of an emergency, to administer the medication.

Parent/Guardian signature: _____ **Date:** _____

Medical Insurance Company: _____

Policy #: _____

Member's Name: _____

Medications being taken: _____

Should any medications be held by a staff member in case of emergency, or should the taking of a specific medication be regulated by a staff member? Explain:

Allergies, Handicaps, or Limitations: _____

Emergency Contact (other than parent):

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____