

DEPARTMENT OF MUSIC \$ 1 ' 7 + (\$ 7 5 (
SUMMER MUSIC CAMPS 20 MEDICAL
RELEASE FORM

In the event of an emergency contact: _____ Phone: _____

Relationship to the student: _____

Is your child covered by health or accident insurance? _____ If yes, please provide the following information:

Insurance company: _____ Policy number: _____ Phone: _____

Family doctor's name: _____ Phone: _____

Please print name and address of parent/guardian

I authorize the University of Arkansas Fort Smith Department of Music Summer Music Camp program to obtain licensed physicians of their choice for medical treatment and diagnostic procedures necessary in the event of any illness or accident that occurs during my child's participation in this camp. In the event of an emergency, I give my permission for any procedure the