

Sola Gratia Musicians Medical Release Form

Parents' Names: _____

Parents' Place(s) of Employment: _____

Work Phone: (_____) _____

Enrolled Choristers:

First Name (and last name, if different)	Does child have any serious health problems or allergies, or take medication? (If yes, please identify)

Emergency Contacts (two besides parents):

Name & Relationship	Address	Phone (home, cell)
		H: _____
		C: _____
		H: _____
		C: _____

May we administer regular first aid including ambulance if deemed appropriate? Yes _____ No _____

Do you authorize hospital or doctor to administer necessary medical treatment? Yes _____ No _____

Sola Gratia Musicians, Inc. does not pay physician fees or medical expenses of students who are injured at music classes or SGM-sponsored activities.

Authorized Signature _____ Date _____
(Parent or Legal Guardian)

Insurance Information:

Company Name: _____ Group Number: _____

Policy Number: _____ Phone Number: _____

Physician Information:

Primary Care Provider: _____ Phone Number: _____