



MEDICAL RELEASE FORM

I, _____, (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Drummer's Name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility of any such treatment.

This release is effective: June 13 – 18, 2016 OR June 20 – 25, 2016 (circle one)

In case I cannot be reached, any of the following persons from the Keith Hall Summer Drum Intensive are designated to act on my behalf:

- Keith Hall, Executive Director
- Tamera Hall, Administrative Director

INSURANCE COMPANY _____

POLICY NO. _____

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

DATED:

SIGNATURE (PARENT/GUARDIAN)
