



Fredonia Summer Music Festival

Parent/Guardian Release and Health Form

Student's Name _____ Date of Birth: _____

Parent/Guardian Name _____ Phone: _____

Other Emergency Contact _____ Phone: _____

If the student has any serious or ongoing medical problems, or if there is anything in your religious beliefs that should be given consideration in the treatment of the student's health or in case of emergency, please email Dr. Nicely: summermusicfestival@fredonia.edu.

Restrictions on activities?

Allergies? (please list)

Medications? (please list)

Food Restrictions? (please list)

Please email a scan of the student's current vaccinations

HEALTH INSURANCE INFORMATION (Also upload a scan of your card)

Name of primary insured person on card: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Phone Number _____

I, the undersigned as the parent/guardian of _____, a minor, request that they be admitted to participate in the Fredonia School of Music Summer Music Festival. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff and The State University of New York at Fredonia from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising from the minor's attendance at the camp, or in the course of completion and/or activities held in connection with the camp.

I verify that _____ has medical insurance, detailed above, and is physically able to participate in the Summer Music Festival. I hereby authorize the director the camp to act on my behalf according to their best judgment in any emergency requiring medical attention, or in any routine medical care of an injury/accident. I, the registrant parent or guardian, will assume the responsibility for any emergency or medical service that may be required during the course of the camp.

Parent/Guardian Signature

Date