Student Medical Information

This information is confidential and will be used only in emergency situations.

Musician’s Name: __________________________ Age: __________________________

In case of emergency, contact:

Name: __________________________ Relationship: __________________________ Phone: __________________________

Name: __________________________ Relationship: __________________________ Phone: __________________________

Name: __________________________ Relationship: __________________________ Phone: __________________________

Name: __________________________ Relationship: __________________________ Phone: __________________________

Primary Care Physician Name: __________________________ Phone: __________________________

Allergies (food/medicine/etc.): ________________________________________________________________

Current Medications: ________________________________________________________________

Insurance Information: ________________________________________________________________

I, __________________________, the parent/guardian of my child __________________________ hereby assume the risk for any injuries that I or my child may sustain in the pursuit of the activities while at Spartanburg Philharmonic events and do hereby remise, release, and forever discharge the Spartanburg Philharmonic, its independent contractors, and employees from any actions, suits, damages, claims, or judgments that might arise from any personal injury or property damage or loss that may be sustained while at these events. I have read and fully understood this document and signed below:

Parent/Guardian Signature: __________________________ Date: __________________________