

MEDICAL RELEASE FORM

Student #1 Name

Student #2 Name

Parent Information

Mother/Guardian

Employer

Day Phone

Father/Guardian

Employer

Day Phone

Mother/Guardian Email

Please add me to your email contact list

Father/Guardian Email

Please add me to your email contact list

Person to Contact in Case of Emergency

(If Parent/Guardian is not available)

Name

Phone (H)

(W)

(C)

Medical Information

(No doctor's visit necessary)

Student's Physician

Telephone

1 Please list any of your student's medical condition(s), medication(s) or special needs we should be aware of:

Student 1

2 Student 2

Medical Release

This signed medical release form is required to complete your registration for any student under 18 years of age.

By signing this form, I understand that Mill Street Loft reserves the right to remove from its programs any student that presents any medical condition(s) not disclosed at the time of registration on this form. I further give my permission, in case of emergency, for Mill Street Loft program staff to "act on my behalf" to seek medical attention for the student(s) named on this form and understand that any expenses incurred in providing such medical attention are my own responsibility, not that of Mill Street Loft or its personnel.

Parent/Guardian Signature

Date

Release for Photographs/Video Tapes

I give my permission for Mill Street Loft to use photographs and/or video tapes of my child taken during program activities for educational and/or promotional materials. No names will be used with photos.

Parent/Guardian Signature

Date



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