

MEDICAL RELEASE FORM

Select Your Program

Junior Art Institute

Art Institute

Student #1 Name

Student #2 Name

Parent/Guardian 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 child'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.

Mill Street Loft reserves the right to remove from program any child that presents any medical condition(s) not disclosed at the time of registration on this form. I give my permission in case of emergency for Mill Street Loft/Art Institute/Junior Art Institute to "act on my behalf" to seek medical attention for my child.

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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