



Sign form, copy, and submit any of these three ways:

- 1) Upload form when prompted during online registration at <http://www.regonline.com/2012ffellowshipchurchmusicworkshop>, or
- 2) Mail form to Dan Shorb, Registrar, 3381 Kings Road South, Saint Augustine, FL 32086, or
- 3) Fax form to 904-829-8201.

## Medical Information & Emergency Treatment Release Form

**Must be signed by Parent or Legal Guardian**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has there been any recent exposure to a communicable disease?

NO  YES If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Any history of medical problems we need to be aware of?

NO  YES If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Any reactions to medications, insect bites, etc?

NO  YES If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Present Medications:

\_\_\_\_\_  
\_\_\_\_\_

In the case of an emergency illness or accident, the Workshop Dean will make every effort to contact the parent or guardian as soon as possible. In the event that immediate contact cannot be made, we require emergency permission to treat your child as needed. This form must be signed by a parent or legal guardian.

In the event that \_\_\_\_\_ suffers an illness or accident requiring emergency medical treatment, medicine, surgery and/or hospitalization while attending the 2012 Youth Music Workshop sponsored by The Florida Chapter of the Fellowship of United Methodists in Music and Worship Arts, I hereby grant my permission for any necessary treatment as authorized by a licensed medical physician, understanding that I will be contacted as soon as possible.

Name of Parent/Guardian no. 1: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Name of Parent/Guardian no. 2: (optional) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

**For parents' protection, no minor will be admitted to the workshop without a signed Medical Information & Emergency Treatment Release Form on file.**