

Student: _____
Program: _____
Date: _____



**WINTER SPRINGS PERFORMING ARTS
MEDICAL RELEASE FORM**

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of accident, injury, sickness, etc. I also assume the responsibility for the payment of any such treatment, and release Winter Springs Performing Arts of any liability.

List 3 emergency contacts (at least two besides parents) Name and phone numbers:

1. _____
2. _____
3. _____

Does your child have any health problems or allergies?

INSURANCE COMPANY _____

POLICY NUMBER _____

PHYSICIAN _____

ADDRESS _____

PHONE _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

Winter Springs Performing Arts
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