

**ENCORE! BAND CAMP AND ENCORE! HIGH**  
**STUDENT INFORMATION AND MEDICAL RELEASE FORM**

**Student Information**

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Insurance Information**

Person Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_  
Group # \_\_\_\_\_  
Employer: \_\_\_\_\_

**Second Insurance (if applicable)**

Person Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ ID # \_\_\_\_\_  
Group # \_\_\_\_\_  
Employer: \_\_\_\_\_

Do you wish emergency treatment for your child?      YES      NO

Can your child be given Tylenol?      YES      NO

Can your child be given Advil?      YES      NO

Are there any medications that your child is allergic to or cannot take?      YES      NO

Please list: \_\_\_\_\_

Are there any medical conditions that we need to be aware of?      YES      NO

Please explain:

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

I give consent and permission for my child to be given emergency medical treatment if necessary at the nearest available doctor or hospital. I also understand that the doctor or hospital bill will be my responsibility and not the responsibility of Encore! Band Camp.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_