

Medical Release Form

Student Information

Full Name of Student

Gender

Date of Birth

Please indicate the program you will attend:

Three-Week Program

Two-Week Program

Please indicate arrival date to and departure date from Cremona:

Arrival

Departure

Medical Information

Medical Insurance Company

Medical Insurance Policy Number

Allergies. (If none, enter "None".)

Dietary and/or Health Restrictions. (If none, enter "None".)

List any medication student is currently taking and instructions for use. (If none, enter "None".)

List any recent illness or medical condition. (If none, enter "None".)

Restrictions on activities. (If none, enter "None".)

Additional information (optional)

Emergency Contact Information

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

EMERGENCY CONTACT ALTERNATE PHONE:

EMERGENCY CONTACT EMAIL:

Release and Agreement

I give permission for my son/daughter to join Cremona International Music Academy and Competition in Cremona; I give permission to the Academy Staff to authorize medical treatment for my son/daughter in case of emergency.