



**DEPARTMENT OF MUSIC AND
THEATRE SUMMER MUSIC CAMPS 2025
MEDICAL RELEASE FORM**

In the event of an emergency, contact: _____ Phone: _____

Relationship to the student: _____

Is your child covered by health or accident insurance? _____ If yes, please provide the following information:

Insurance company: _____ Policy number: _____ Phone: _____

Family doctor's name: _____ Phone: _____

Please list any medical/health information needed in case of emergency for the safety of your child. Please include medications taken, allergy information (including drugs, food, insects, plants, etc.), and dietary restrictions.

I authorize the University of Arkansas – Fort Smith Department of Music Summer Music Camp program to obtain licensed physicians of their choice for medical treatment and diagnostic procedures necessary in the event of any illness or accident that occurs during my child's participation in this camp. In the event of an emergency, I give my permission for any procedure the physicians feel are imperative, understanding that every attempt will be made to notify the parent or legal guardian first. (Note: If religious beliefs are held by your family that would complicate medical procedures, please attach a note to this form. If your child will be taking medication at camp, it should be brought in its original container with the prescription label attached.)

I have read this document and do willingly signify my agreement for the consideration expressed and with a full understanding of its purpose by signing below. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this Form. I also understand that the information on this Form may be shared with the Music Camp Directors, Faculty, and Staff.

PARTICIPANT SIGNATURE (required) _____ DATE _____

LEGAL GUARDIAN (if under 18 years of age - required) _____ DATE _____

******* PLEASE PRINT STUDENT INFORMATION BELOW *******

NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PERMANENT ADDRESS _____

PERMANENT PHONE _____

PARENT'S NAME _____

PARENT'S CONTACT NUMBER _____

PARENT'S ADDRESS _____

**This form must be completed in its entirety and returned to the UAFS Summer Music Camp office.
Breedlove Bldg. Rm 200 • Fax: 479-424-6530 • Mail: P.O. Box 3649, Fort Smith, AR 72913**