

# UMS Medical Release Form - Spring Musical 2018

Student Name:

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Last First

Medical Info:

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Physician Name Phone

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Insurance Company Policy # Group#

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Policy Holder's Name Phone

Dental Info:

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Dentist Name Phone

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Insurance Company Policy # Group#

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Policy Holder's Name Phone

Allergies/Medical Conditions/Special Instructions

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In the event of an emergency concerning my child, if none of the above contacts can be reached, I understand that representatives of UMS Drama Club will use emergency measures to transport my child to the nearest hospital. In such an event and until I can be reached, I authorize representatives of UMS Drama to serve as my agent to consent to any medical or surgical treatment and/or care for my child which is deemed advisable by any physician or surgeon on the medical staff of such hospital. I also understand and agree that Union Middle School, UMS Drama, and its employees, contractors and volunteer staff, are not responsible, and will not be held liable, for injuries which occur to my child while attending or participating in any UMS Drama Club function.

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Parent / Guardian Signature

Date