

MEDICAL RELEASE & EMERGENCY CONTACT

Zephyrus Arts Institute Emergency Information, Authorization for Care and to Administer Non-prescription Medications

GENERAL INFORMATION

Name	Birthdate	Sex	
Address	City	State	Zip

EMERGENCY CONTACT #1

Name:	Relationship: Parent / Guardian / Other:
Main Phone Number:	Secondary Phone Number:

EMERGENCY CONTACT #2

Name:	Relationship: Parent / Guardian / Other:
Main Phone Number:	Secondary Phone Number:

OTHER CONTACT

Name:	Relationship:
Main Phone Number:	Secondary Phone Number:

HEALTH HISTORY

Physician:	Phone Number:
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Insurance Information:

Are there any potentially life threatening allergies to medicine or anything else? Yes No
If yes, please explain:

Are there any chronic or significant health problems, or any physical limitations? Yes No
If yes, please explain:

Are there any prescription medications that we should be aware of? Yes No
If yes, please explain:

AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION

I hereby authorize Zephyrus Arts Institute, its volunteers, representatives, staff, or assigned personnel to administer medications, to administer acetaminophen (Tylenol), ibuprofen (Advil/Motrin), calcium antacid (Tums), or other non-prescription first aid medication to myself or child (if under 18) with the following exclusions:

Individuals under the age of 18 may receive authorized medications at the discretion of Zephyrus Arts Institute, its volunteers, staff, or representatives, except as excluded as defined above.

AUTHORIZATION FOR TREATMENT

I hereby authorize any physician, surgeon, emergency personnel, or dentist to administer any emergency treatment, procedure, or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary. I further agree and understand that I will be financially liable for any and all costs related to medical emergencies and will not hold Zephyrus Arts Institute, its affiliates, representatives, staff, or volunteers liable or responsible.

Signature of Participant	Date
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Signature of Parent / Guardian (if applicable)	Date
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