



**Inside Out Steelband Camp 2025
Parental Authorization and Release
Medical Information**

Student's Name: _____

Date of Birth: _____

Grade (2025-26 school year): _____

Emergency Contact Name and Phone: _____

Emergency Contact II Name and Phone: _____

Preferred Local Physician Name and Phone: _____

Preferred Hospital: _____

Medical conditions, including attention or learning disorders, dietary restrictions:

Allergies (medication and food): _____

Current medication(s): _____

I, _____ (parent/guardian) am allowing
_____ (student's name) to enroll in the **2025 Inside Out Steelband Camp**. I hereby release **Inside Out Steelband Camp**, its Directors, teachers, and any volunteer carriers of my child from any and all liability and responsibility in connection with the activities of the camp. I authorize **Inside Out Steelband Camp** and its representatives to consent to emergency medical treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by the **Inside Out Steelband Camp** or its representative. **Inside Out Steelband Camp**, its Directors, teachers or volunteers are not financially responsible for emergency care or transportation.

Signature of Parent/Legal Guardian

Date