



**Inside Out Steelband Camp 2026  
Parental Authorization and Release  
Medical Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (2026-27 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 differences, dietary restrictions:

\_\_\_\_\_  
Allergies (medication and food): \_\_\_\_\_

Current medication(s): \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) am allowing  
\_\_\_\_\_  
\_\_\_\_\_ (student's name) to enroll in the **2026 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