Stetson Brass Camp Medical Release Form

Name of child_________________________________________

I, the undersigned, authorize a representative of Stetson University consent for medical treatment for my child in the event of an emergency during the week of July 13 – 18, 2015.

__________________________________  _________________________  _______________
Parent/Guardian (please print)       Signature of Parent/Guardian     Date

Daytime phone # ___________________   Evening phone # ___________________
Alternate/emergency phone # ________________
Doctor’s name ______________________  Doctor’s phone # ___________________

Please include a copy of your child’s insurance card. If your child is taking any prescription medications or has any allergies, please list them on the back of this page.

STATE OF________________________
COUNTY OF _______________________

The foregoing instrument was acknowledged before me this ____________ day of __________________________, 2015 by, ________________________________.

__________________________________
Name of Notary:

Personally Known

Produced Identification

Type of Identification Produced