

# Medical Release Form

*(Adult Participant)*

Name of Participant	Date of Birth	Age	Sex
Home Address		Telephone	
In the event of an emergency, please notify:		Telephone	
Name	Relationship	Telephone	
Name	Relationship	Telephone	
Name of Personal Physician		Telephone	
Personal Health/Accident Insurance Carrier		Policy Number	
<p>In case of an emergency, I understand every effort will be made to reach my emergency contacts. In the event that they cannot be reached, I hereby give my permission to the physician selected by the Director in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.</p> <p>Date: _____ Signature of Participant: _____</p>			

**It is essential to return this form to the Director as soon as possible. The original of this form must be carried with the group at all times and does not need to be returned to MCI.**



**Music Celebrations International**  
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# Medical Release Form

*(Participant under 18 years of age)*

Name of Participant	Date of Birth	Age	Sex
Name of Parent or Guardian		Telephone	
Home Address			
In the event of an emergency, please notify:		Telephone	
Name	Relationship	Telephone	
Name	Relationship	Telephone	
Name of Personal Physician		Telephone	
Personal Health/Accident Insurance Carrier		Policy Number	
<p>In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Director in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.</p> <p>Date: _____ Signature of Participant: _____</p> <p>Date: _____ Signature of Parent or Guardian: _____</p>			

**It is essential to return this form to the Director as soon as possible. The original of this form must be carried with the group at all times and does not need to be returned to MCI.**



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