



**Medical Release  
2008-2009 School Year**

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

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are immunizations, including tetanus, current? Yes No

Allergies: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

In case of a medical emergency, after every reasonable effort has been made to contact me, the child's physician, or the person listed as "Emergency Contact," I hereby give my permission to the Emergency Medical personnel and/or physician contacted by the adult in charge to secure treatment for me or my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay expenses incurred in such emergency treatment.

To the best of my knowledge, the information contained on this sheet is correct. Except as noted, the person herein described has permission to engage in all activities he/she has enrolled in.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18 ) \_\_\_\_\_ Date \_\_\_\_\_

**Photograph/Likeness Release**

I, \_\_\_\_\_, the parent/legal guardian give permission to Harmony School of Creative Arts to use any photographs or like media (ex. video) of my child, \_\_\_\_\_, for any purpose such as publicity, promotional materials, or any other use deemed appropriate by the School's Employees.

Or

I, \_\_\_\_\_, the parent/legal guardian do not give Harmony School of Creative Arts permission to use any photographs or any like media of my child, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Student (if over 18)

\_\_\_\_\_  
Date