

Music Institute of Chicago

Medical History and Release Form

Please print or type

Name: M/F _____

Date of Birth: _____

Medical Insurance Company _____

Medical Insurance Policy Number _____

Allergies _____

Dietary and/or Health Restrictions _____

List any medication student is currently taking and instructions for use

List any recent illness or medical condition _____

Restrictions on activities

Emergency phone numbers:

Home: _____

Work: (please identify) _____

Work: (please identify) _____

I give permission for my son/daughter to participate in the Chicago Suzuki Institute, July 1 through July 7, 2023. I give permission to the Chicago Suzuki Institute Staff to authorize medical treatment for my son/daughter in case of emergency.

Parent/Guardian signature: _____

Date _____

Parent/Guardian Name (please print): _____

(use reverse side for comments)