



Medical Release Form

Authorization to Obtain Urgent or Emergency Medical Care

2017 CHRISTMAS JUBILEE

- Dramatic New Life Performing Arts (Further referred to as DNLPA) and its agents, staff, and volunteers have permission to obtain urgent or emergency medical care for me, and I authorize health care providers to render such care as may be necessary.
- In the case of a minor, it is understood that reasonable efforts will be made to contact the parent/legal guardian prior to obtaining such care, but do authorize such care whether contact is made or not.
- I agree to be financially responsible for all care rendered, including transportation and medicines.

Personal Information

Full Name _____ Phone _____

Address _____ Suite/Apt _____ Alt. Phone _____

City _____ State _____ Zip Code _____

Email _____ Age _____ Date of Birth _____

Emergency Contact

Full Name _____ Phone _____

Relationship _____ Alt. Phone _____

Medical Information

Physician _____ Phone _____

Hospital/Clinic Name _____ Policy/Group Name _____

Insurance Company _____ Participant/ID Number _____ Insurance Phone _____

Medical History

Known Allergies

Insects/Bites: _____

Drugs: _____

Foods: _____

Other: _____

Additional Known Conditions

Heart Condition Asthma Diabetes Epilepsy Other: _____

By signing below, I am stating the the information above is accurate and true to the best of my knowledge, and release DNLPA from any responsibility for my medical care.

Name (Print): _____ Date: _____

Signature: _____

Guardian Name (Print): _____ Date: _____

Signature: _____