

# Medical Information Form

Please return with registration form – Must be completed for all adults and children who will be attending Virginia Suzuki Institute

Participant Name(s) \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_

Emergency Contact *not attending VSI* : \_\_\_\_\_

Phone or cell \_\_\_\_\_

Please attach a copy of insurance card.

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medications Currently Taken \_\_\_\_\_

\_\_\_\_\_

Over the Counter Medications sent with the student \_\_\_\_\_

\_\_\_\_\_

Previous Surgery \_\_\_\_\_

\_\_\_\_\_

Medical Conditions Under Treatment \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Please feel free to use the back of form for additional information.

If needed can we give your student the following over the counter medications?

( ) Tylenol ( ) Pepto ( ) Imodium ( ) Ibuprofen ( ) Other \_\_\_\_\_

I authorize Virginia Suzuki Institute personnel to seek emergency treatment for myself or my child(ren) and to authorize treatment, including surgery, should it become necessary.

Parent or Adult signature \_\_\_\_\_

Date \_\_\_\_\_

**VIRGINIA SUZUKI INSTITUTE**  
**EMERGENCY CARE, PROGRAM, & ACTIVITIES**  
**RELEASE**

**Please return with registration form – Must be completed for all persons attending VSI  
(complete one per family)**

This release is to be accepted by the parent or guardian of student participants under the age of 18 and by all adult participants attending the Virginia Suzuki Institute and Fry Street Chamber Music Workshop .(hereafter collectively referred to as VSI).

I hereby grant permission for myself and/or my child to participate in the program offered by VSI. VSI will use reasonable precaution for the participant's safety. However, I understand that the VSI cannot take personal liability the safety of every student.

On behalf of myself and my family, I understand, state and agree to hold the VSI, its officers, directors, employees and all those acting on behalf of VSI, harmless from all liability of any kind by reason of any accident, injury or damage, whether to person or property, resulting from my, my family's or the student's participation in the Virginia Suzuki Institute 2012.

I hereby grant permission for the Director, or the director's authorized personnel, of VSI to obtain medical care on behalf of myself or my student should it become necessary. I understand and agree that such action will be taken only if necessary and that I shall be responsible for all costs and expenses of such emergency treatment.

In the event that photographs of institute participants are taken by the news media or by a staff member, I release all liability and give permission to the VSI to use my or my child's image or photograph in any official publication or presentation relating to the promotion of music education. I release all rights to the aforementioned photo/image. I also understand that I will not be compensated monetarily or in any other manner for its usage.

Signature of Adult Participant(s)

\_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Children under 18 attending (please print names)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_