

# **SAN DIEGO MUSIC STUDIO**

## **AUTHORIZATION FOR EMERGENCY MEDICAL RELEASE/WAIVER/ADDITIONAL TERMS AND CONDITIONS**

NAME OF CHILD: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

### **YOU MUST LIST ANY ALLERGIES, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS BELOW:**

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By checking this box, I grant San Diego Music Studio permission to use my child's image for promotional purposes related to this camp.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** By signing this form, I authorize San Diego Music Studio, in case of a medical emergency situation, to administer first aid, to authorize a medical doctor or paramedic to examine or treat my child, to authorize necessary emergency treatment at a nearby emergency hospital, and/or to order ambulance transportation for my child while my child is in the care and in attendance of this camp. I agree to accept financial responsibility for any cost incurred in the treatment of any illness, accident or injury to my child.

I authorize and give permission to San Diego Music Studio to release my child into the custody of the below named person(s), whether during or after class. These contacts are also available for emergency contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I DO **NOT** want my child released to the following persons:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I understand that I will be charged for all incurred aftercare costs on any credit card on file with San Diego Music Studio. Late pick up (after 6PM) will be billed at \$1 per minute.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date