



**Colorado School of Acting
Navy Teens Performing Arts Camp**

7500 W. Mississippi Ave Ste. B150

Lakewood ,CO 80226

720-233-4832

info@coloradoschoolofacting.com

www.coloradoschoolofacting.com

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named camper be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named camper.

Date of Players Birth ____/____/____

Date of last Tetanus Booster ____/____/____

Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine

Any other medical problems which should be noted



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Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Person to notify if parent/guardian is unavailable _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____