

Medical Treatment Authorization & Media Release

Please fill out both sides of this form, even if you are an adult, and return it to The Phoenix Ensemble, P.O. Box 2768, Ann Arbor MI 48106-2768.

Registrant Info

Name: _____ Birth date: _____

Parent or Legal Guardian (if under 18): _____

Address: _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Primary care physician's name, address, phone: _____

Health insurance policy holder's name, address, and relationship to participant: _____

Insurance company name, phone: _____

All policy numbers (please identify): _____

HMO emergency treatment authorization phone number: _____

Employer's name and address: _____

Medical treatment authorization

Please complete this section to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay. If necessary, attach another sheet to explain your answers.

Does the participant have any chronic health problem or illness? _____

Does the participant have any acute illness now? _____

Has the participant been treated recently for a medical problem? _____

Is the participant taking any medications now for treatment of any medical problem? List: _____

Does the participant have any allergies to medication or local anaesthetics? _____

Does the participant have any known allergies? List: _____

Date of the participant's last tetanus shot: _____

I, (parent or legal guardian) _____, recognize that while s/he is a participant in this event, medical treatment on an emergency basis may be necessary for my child, and I further recognize that Phoenix Ensemble staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances, and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signed (parent or legal guardian if under 18) _____ Date: _____

Media Release

I authorize The Phoenix Ensemble to record the image of the above-named registrant and give The Phoenix Ensemble and all persons or entities acting pursuant to its permission or authority, all rights to use of these recorded images. I understand that these images may be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the internet and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered without future or further compensation or liability, in perpetuity.

Signed (parent or legal guardian if under 18) _____ Date: _____