**2019 Cremona International Music Academy**
**Medical Release Form**

**Student Information**

Full Name of Student

Gender

Date of Birth

**Please indicate the program you will attend:**

**Three-Week Program** ☐ July 10 - July 31, 2019

**Two-Week Program** ☐ July 17 - July 31, 2019

Please indicate arrival date to and departure date from Cremona:

Arrival Departure

**Medical Information**

Medical Insurance Company

Medical Insurance Policy Number

Allergies. (If none, enter "None".)

Dietary and/or Health Restrictions. (If none, enter "None".)

List any medication student is currently taking and instructions for use. (If none, enter "None".)

List any recent illness or medical condition. (If none, enter "None".)

Restrictions on activities. (If none, enter "None".)

Additional information (optional)

**Emergency Contact Information**

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

EMERGENCY CONTACT ALTERNATE PHONE:

EMERGENCY CONTACT EMAIL:

**Release and Agreement**

I give permission for my son/daughter to join Cremona International Music Academy in Cremona, July 10 - July 31, 2019; I give permission to the Academy Staff to authorize medical treatment for my son/daughter in case of emergency.

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**Signature**