



Medical Waiver

Name of Child: _____ Age: _____ Birthday: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Does your child have any severe or life threatening allergies? (bee stings, food, penicillin, other drugs) Yes ___ No ___

If yes please explain: _____

Medication: _____ Dose: _____ Time: _____

Any other medical conditions? Yes ___ No ___ If yes, please explain: _____

*Emergency contact: _____ Relationship to student: _____

Emergency contact's phone number: _____ Hospital of choice: _____

Physician: _____ Physician phone number: _____

*Parents, please make sure you or your emergency contact is available during your child's time at Masters Conservatory.

I (print name) _____ parent/guardian of above named child, understand that Masters Conservatory does not provide childcare for my child when he/she is not in class or study hall. I understand that my child is to be in class, study hall, or picked up/other arrangements made. Although precautions are taken for the safety of your child(ren), in the event of an accident or sickness, Masters Conservatory, its staff and volunteers are hereby absolved and released from all liability and fees pertaining to such.

We (parent/student) have read and understand the above information:

Parents/Guardians signature: _____ Date: _____

Student signature: _____ Date: _____