



Harvey Finstein School of Music
Summer Jazz Program at Lasell College
Medical Information Form

Name of Student _____

Address _____

Mother's Name _____ Phone(s) _____

Father's Name _____ Phone(s) _____

In case of emergency contact:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Known allergies, reactions to medicines and any other special problems of which we need to be aware:

Doctor's Name _____ Phone _____

Student's Health Insurance _____

Current medications _____

I hereby authorize the Directors of the Harvey Finstein Music School Summer Jazz Program to act for me, according to their best judgment in any emergency requiring medical attention for my child. I waive and release the Harvey Finstein School of Music Summer Jazz Program and their assigns from claims arising from attendance at the Program. I know of no mental or physical problems which may affect my child's ability to safely participate in this Program. I will be responsible for any medical or other charges in connection with his/her attendance at this Program.

(Signature of Parent or Guardian) Date _____