

# Summit Music Festival 2018

## ADULT MEDICAL RELEASE FORM

ADULT IF 18 BY 7/21/18 — MINOR IF NOT 18 BY 7/21/18

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

### Emergency Contact Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Medication(s) you are taking (including dosage) \_\_\_\_\_

Date of last Tetanus/Diphtheria Inoculations \_\_\_\_\_ Blood Type  A+  O+  B+  AB+  A-  O-  B-  AB-

### Physician Information

Name \_\_\_\_\_ Phone - Office \_\_\_\_\_

Address \_\_\_\_\_ Phone - Emergency \_\_\_\_\_

Do you have health insurance?  Yes  No Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy# \_\_\_\_\_ I.D.# \_\_\_\_\_

Special Health Needs or Concerns \_\_\_\_\_

### Emergency Medical Authorization

I, the undersigned, do hereby authorize Summit Music Festival and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization of treatment rendered pursuant to this authorization. The effective dates for this authorization are July 22 through August 12, 2018.

I am eighteen years of age or older, have read the above authorization and confirm that the information contained therein is true and accurate.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_