

## Missouri Fine Arts Academy Medical Release/Emergency Form

Student Name (First, Middle, Last)	
Date of Birth	
Parent/Guardian Name(s)	
Address	
Email Address	
Home Phone Number	
Work Phone Number	
Cell Phone Number(s)	

**If Parent/Guardian cannot be reached**

Additional Contact Name	
Email Address	
Cell/Home Phone Number	

**Physician and Insurance Information** *(optional: attach copy of medical insurance card)*

Family Physician	
Phone Number	
Health Insurance Company Name and Address	
Name of Insured on Policy	
Policy Number	

**Medical History**

Allergies, Food Allergies/Restrictions (be specific)	
Any known medical conditions/diseases	
Current Medications	

I hereby state that the above medical information is complete and current to the best of my knowledge. I herein give my permission for representatives of the Missouri Fine Arts Academy to seek appropriate medical care for my child should it become necessary.

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Signature of Parent/Guardian

Date