

Saginaw Valley State University ~ Medical Release Form 2019 Theatre Summer Camp

Name of Child:	
Address:	
Child's Birthdate:	Phone Number: ()
Father/Legal Guardian's Name:	
Address:	
Employer/School Address:	Phone Number: ()
Mother/Legal Guardian's Name:	
Address:	
Employer/School Address:	Phone Number: ()
Local Person to contact other than Parent:	
Address:	
Cell or Home Phone Number: ()	Other Phone Number: ()
Physician's Name:	
Address:	
Physician's Phone Number: ()	Preferred Hospital:
Health Insurance Policy and Number:	Allergies:

I give permission to SVSU to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent of Guardian: _____ Date Signed: _____