



# EMERGENCY MEDICAL FORM

58 Main Street, Torrington, CT 06790 Phone: 860-482-4413 Fax 860-482-7614

Today's Date:				
Name:		Date of Birth:	Age:	Grade:
Address:				
City:		State:	Zip:	
Home Phone:		Student Cell Phone:		Student Email:
Parent Cell Phone:		Parent Work Phone:		Parent Email:
Emergency Contact Name:			Emergency Contact Phone:	
Allergies:				
Current Prescription Medications, Over-the Counter Medications (including Vitamins):				
Medical Insurance Company		Insurance Co Phone:		Policy Number:
Medical Insurance Company Address: (Street, City, Zip):				
Insured's Name:			Coverage Dates:	

## Release of Claim and Treatment Authorization Section

I grant my child or ward permission to participate in Nutmeg Conservatory for the Arts' (Company) current semester/year. Additionally, I authorize the Company, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I hereby release the Company and its employees from all claims against Nutmeg Conservatory for the Arts for all personal injuries arising from the employees' actions with respect to any emergency treatment that may be required for my child or ward during the semester/year.

**I, the undersigned, have completed, read and understand all terms of the above Release/Authorization:**

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**Signature** of Parent/Guardian or Student if over eighteen (18) years of age

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**Print** Name of Parent/Guardian or Student