

New Mexico Suzuki Institute
P.O. Box 95198
Albuquerque, NM 87199

Medical Release Form

Child(ren) _____

(Please list all children under age 18 that will be on campus)

Parent's Name (s) _____

Home Address: _____ City _____ State _____

Insurance Carrier Name: _____

Insurance Carrier Address: _____

Policy #: _____ Member #: _____

Family Physician _____ Physician's Phone: _____

Medical Conditions: _____

Allergies: _____

Present State of Health: _____

Authorization for Treatment

I hereby give my permission for a nurse, health center or hospital staff to administer any necessary aid immediately to my child(ren) listed above should he/she/they become sick or injured while attending the 20__ New Mexico Suzuki Institute, and to do so without having to wait until I am contacted. I also agree to hold harmless the New Mexico Suzuki Institute and the University of New Mexico for any injury incurred by any family member as a result of their participation.

Parent's Signature _____ Date _____

Home Phone: _____ Work Phone _____ Cell Phone _____