

Health Information and Medical Release Form

Pre-College Summer Studio, Summer 2011

Student/Participant Name

Age

Date of Birth (MM/DD/YY)

Please provide the following information to The School of the Museum of Fine Arts (the "Museum School") for use in the event of a medical issue or emergency. Please include detailed explanations.

1. Do you have a history of seizures or fainting? If so, please describe:

2. Are you diabetic and taking insulin?

3. Are you subject to any specific allergies (including medications)? If yes, please state each allergy and the medications taken for each allergy:

4. Do you have a medical condition that may affect your participation in any aspect of this program? If so, please describe:

5. Is there any learning or health-related disability that you would like to self-identify? If so, please describe:

6. Are you currently taking prescribed medications? If so, please list:

7. Do you have any dietary restrictions (e.g., vegetarian, vegan, etc.)? If so, please list in detail:

8. Are you presently undergoing treatment for any reason, including psychological treatment? If so, please describe:

Health Information and Medical Release Form Continued

Please provide us with the contact information for your physician, caregiver or health center:

Name of Physician or Practice

Address

Phone

Proof of Insurance (required):

Insurance Company

Policy Number

Policy Expiration Date

Policy Holder's Name (If Different From Student or Participant)

Relationship to Student or Participant

Student or Participant Emergency Contact Information:

Person to contact in the event of emergency

Relationship to student/participant

Phone Number of Emergency Contact:

(Day)

(Evening)

Address of Emergency Contact

Parent or Guardian Signature of Minor Student or Participant

Date

Student or Participant Signature

Date

I (we), the above signed Parent/Guardian and the above signed Student or Participant, understand that in the event of an emergency involving injury to the student or participant named above, the Museum School may contact local emergency services for treatment and/or transport to a medical facility and I (we) hereby consent to whatever treatment and transportation is deemed necessary by such local emergency service provider. In the event of illness or injury, I (we) hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis, treatment and hospital care is deemed necessary by a licensed physician for the safety and welfare of the participant. It is understood that any medical expenses will be the sole responsibility of the participant and/or his or her parent or legal guardian. In consideration of participation in the Museum School's Summer Studio program, I (we), on behalf of myself (ourselves), any other parent or guardian, next of kin, heir, administrator or any other person acting on my (our) behalf, hereby irrevocably and unconditionally release, acquit, and forever discharge the Museum School and the Museum of Fine Arts, Boston and each of their predecessors, successors, assigns, parents, subsidiaries, divisions, affiliates and any other related entities, and all of their current and former agents, officers, employees, trustees, directors, representatives, attorneys, members of their governing boards and all persons acting by, through, under, or in concert with any of them, and further agree to indemnify, hold harmless and reimburse each of the foregoing from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, damages, causes of action, suits, demands, losses, personal injuries, debts, and expenses of any nature whatsoever, whether known or unknown, arising out of or related in any way to the use or disclosure of the information provided above or from any medical care and/or treatment provided to the student or participant.