



**Harvey Finstein School of Music**  
**Summer Jazz Program at Lasell College**  
Medical Information Form

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

In case of emergency contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies, reactions to medicines and any other special problems of which we need to be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Health Insurance \_\_\_\_\_

Current medications \_\_\_\_\_

I hereby authorize the Directors of the Harvey Finstein Music School Summer Jazz Program to act for me, according to their best judgment in any emergency requiring medical attention for my child. I waive and release the Harvey Finstein School of Music Summer Jazz Program and their assigns from claims arising from attendance at the Program. I know of no mental or physical problems which may affect my child's ability to safely participate in this Program. I will be responsible for any medical or other charges in connection with his/her attendance at this Program.

\_\_\_\_\_  
(Signature of Parent or Guardian) Date \_\_\_\_\_