

Summer Studio Medical Release Form

This form is to be completed by ALL workshop participants and returned to The Art Institute of Washington, a branch of The Art Institute of Atlanta. All information is strictly confidential and will be used only in case of emergencies.

MEDICAL INFORMATION:

Name of Participant: _____

Please list any known allergies to foods: _____

Insurance Provider: _____ Policy #: _____ Group #: _____

Name of Policy Holder: _____

Insurance Provider Phone Number: () _____

Insurance Provider Address: _____

CONTACT INFORMATION FOR PARENT OR LEGAL GUARDIAN:

Name of Parent or Guardian: _____

Home Phone: () _____ Work Phone: () _____

If parent cannot be reached by phone, please contact:

Name: _____ Phone: () _____

See aiprograms.info for program duration, tuition, fees, and other costs, median debt, federal salary data, alumni success, and other important info.

SUMMER STUDIO MEDICAL RELEASE FORM

THIS FORM IS TO BE COMPLETED BY ALL SUMMER STUDIO PARTICIPANTS (DORMITORY AND COMMUTER).

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Signature: _____ Date: _____

Address: _____

City/State: _____ Zip Code: _____

Daytime Phone Number: _____

Alternative Phone Number: _____

IF A PARENT CANNOT BE REACHED BY PHONE, PLEASE CONTACT THIS PERSON:

Name: _____

Relationship: _____

Daytime Phone Number: (_____) _____

Alternative Phone Number: (_____) _____

INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

SPECIAL HEALTH CONDITIONS:

Allergies: _____

Diet: _____

Medications: _____

Other: _____

Students are encouraged to bring a copy of their insurance identification cards.