

Summer Studio Medical Release Form

This form is to be completed by ALL workshop participants and returned to The Art Institutes International Minnesota. 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: () _____

Accredited Member, ACICS

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