



Russian Maryland Cultural Center, Inc.

Parent Release Form

STUDENT NAME: _____

SCHOOL REPRESENTED: _____

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I or my child may sustain while participating in any activity associated with Russian Maryland Cultural Center.

I am financially responsible for any medical bills if such medical treatments occur.

I hereby release any and all rights or claims for damages against Russian Maryland Cultural Center, Inc., its officers, directors, employees, faculty, agents and all individuals assisting in the instructing and conducting these activities, from all liability of any nature, for any and all injuries, loss of damages, direct or indirect, suffered by me at or in any way connected with these activities.

Parent/Guardian Signature: _____

Address: _____

Home phone: _____

Business Phone: _____

Cell Phone: _____

Insurance Carrier Name: _____

Policy Number: _____

Insurance Contact Number: _____

Known Medications to which you are allergic:

PARENT/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

In the event of a medical emergency, I hereby give my consent to hospitalize and / or secure Proper medical treatment for my minor child.

Parent/Guardian Signature: _____ Dates: _____

Physician's Name: _____ Dr.

Phone: _____