



Medical History and Student Insurance Information

Insurance Company: _____

Plan ID/Group Number: _____

Insurance Policy Number: _____

Primary Physician: _____

Physician's Phone Number: _____

Is the student taking any medications? ___ Yes ___ No

If so, please list: _____

Does the student has allergies? ___ Yes ___ No

If so, please list: _____

Please list any other medical conditions or special needs that we should be aware of, including any diagnoses of ADD, ADHD, autism or depression:

PLEASE NOTE THAT WE CANNOT PROVIDE STUDENTS WITH ANY MEDICATION, NOT EVEN ASPIRIN. STUDENTS MUST PROVIDE THEIR OWN.

Authorizations for Emergency Treatment

In the absence of a parent or legal guardian's presence during a lesson or an event, if my child becomes seriously ill or injured, by the discretion of Alina Uddin, I hereby authorize the transport of my child to the nearest hospital emergency room, I hereby authorize medical personnel and/ or hospital emergency staff to administer any emergency treatment, procedure, or medicine necessary or available when Tune In Music Academy representative accompanies my child (full name) _____ to the emergency room. I also authorize personnel to secure the use of an ambulance if necessary. I agree to pay the hospital, doctors, and ambulance service for all services rendered to the above patient.

Parent Signature: _____ Date: _____



Permissions, Communications, & Authorizations Form

For the purpose of safety, we ask that you specify the names of individuals (other than mother and father) who are authorized to pick your child from lessons, or any other Tune In Music Academy event.

Name(s)	Relation	Contact #
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1. _____

2. _____

In addition, if there are any other individuals that you release us to communicate with regarding scheduling, accounts, etc, please list below. We will add their names and email to the distribution list (please include and regular caregivers who may take your child to lessons regularly.

Name(s)	Relation	Email	Contact #
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1. _____

2. _____

Parent Signature _____ Date _____