

Barbizon of Harrisburg

MEDICAL RELEASE FORM

ALL CONTESTANTS, PARENTS AND GUESTS MUST COMPLETE THIS FORM

Deadline: April 22, 2014

This letter will authorize Barbizon Model & Talent Management to sign for any medical care deemed necessary for my minor child/adult _____ while said child/adult is in their care during the Passport To Discovery. This letter to be in effect for a period of six days from October 4 - 9, 2014.

Signed

Date

Parent / Guardian or Adult Contestant

MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Parent Cell Phone: _____ Work Phone: _____

Medical Insurance: _____ Policy No: _____

Subscribers Name: _____

Any Known Allergies? _____

Emergency Name and Number: _____

Medications Currently Taking? _____
