

Barbizon of Harrisburg

MEDICAL RELEASE FORM

Deadline: April 19, 2016

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 1 - 6, 2016.

Signed

Parent / Guardian or Adult Contestant

MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Parent Phone No: _____ Work Phone No: _____

Medical Insurance: _____ Policy No: _____

Subscribers Name: _____

Any Known Allergies? _____

Emergency Name and Number: _____

Medications Currently Taking? _____
