

**INFORMATION CONSENT AND MEDICAL AUTHORIZATION FORM**

To be completed by participants in UMKC Conservatory of Music and Dance summer programs, June – August 2009.

**I. INFORMATION AND CONSENT  
(all participants complete this section)**

For valuable consideration, I do hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.

_____ Name (Printed)		_____ Street Address
_____ Signature	_____ Date	_____ City, State, ZIP
_____ Parent/Guardian's Signature (if under 18)	_____ Date	_____ Phone

**II. MEDICAL AUTHORIZATION  
(complete this section only if participant was born on or after August 1, 1991)**

I am the parent/legal guardian having custody of \_\_\_\_\_, the minor whose name and address is indicated below. Permission is hereby given for said minor to participate in all excursions sponsored by the Conservatory of Music and Dance. I understand that the University of Missouri-Kansas City, Conservatory of Music, Community Music & Dance Academy, and UMKC will not be held legally responsible for injuries incurred during organization activities.

I give my consent, in the event all reasonable attempts by Conservatory personnel to contact me at the telephone numbers set forth below have been unsuccessful, for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist and (2) the transfer and admission of said minor to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems it necessary. Whenever possible, a second physician must concur in the necessity for such surgery.

Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Regular Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Regular Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications being taken \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Other pertinent information to which physician should be alerted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Insurance Carrier \_\_\_\_\_  
Address \_\_\_\_\_  
Group Policy # \_\_\_\_\_ Individual Policy # \_\_\_\_\_  
Policy under whose name? \_\_\_\_\_

**PLEASE ATTACH COPY OF INSURANCE CARD.**

 **UMKC Conservatory of Music and Dance**

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Name (printed)

**Call 816-235-2741 with questions about this form. Return to: UMKC Conservatory of Music and Dance, Community Music and Dance Academy, 301 E. 51<sup>st</sup> St., room 201, Kansas City MO 64112.**