

New Ulm Suzuki School of Music Summer Pops Camp
Medical Emergency Form

I give my permission for _____ to receive emergency medical
Treatment In an emergency, please contact:

Name: _____ Phone: _____

E-Mail Address: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Information:

Name of Carrier: _____

Policy Number: _____

Name of Insured: _____