



## EMERGENCY MEDICAL FORM

58 Main Street, Torrington, CT 06790 Phone: 860-482-4413 Fax: 860-482-7614

Today's Date:			
Name:		Date of Birth:	Age: Grade:
Address:			
City:		State:	Zip:
Home Phone:	Student Cell Phone:		Student Email:
Parent Cell Phone:	Parent Work Phone:		Parent Email:
Emergency Contact Name:		Emergency Contact Phone:	
Allergies:			
Current Prescription Medications, Over-the-Counter Medications (including Vitamins):			
Medical Insurance Company:		Insurance Co. Phone:	Policy Number:
Company Address (Street, City, State, Zip):			
Insured's Name:		Coverage Dates:	

### Release of Claim and Treatment Authorization Section

I grant my child or ward permission in Nutmeg Conservatory for the Arts' (Company) current semester. I hereby release the Company and employees from all claims against Nutmeg Conservatory for the Arts for all personal injuries arising from the employees permission to authorize any emergency treatment that may be required for my child or ward during the semester.

**I, the undersigned, have completed, read and understand all terms of the above Release/Authorization:**

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**Signature** of Parent/Guardian or Student if over eighteen (18) years of age

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**Print** Name of Parent/Guardian or Student

# Charlotte-Hungerford Hospital Registration Information

Camper/Student Name:	
Address:	
City, State, Zip:	
Nutmeg Housing Phone: <b>860-307-3111</b>	Student Cell Phone:
Date of Birth:	
Social Security #:	

## Insurance Holder Information

Name:	
Address:	
City, State, Zip:	
Phone:	Work Phone:
Date of Birth:	
Social Security #:	
Employer Name:	

## Insurance Information

Insurance Company:	
Address:	
City, State, Zip:	
Phone:	
ID #:	
Group #:	

## Emergency Contact Information

Name:	
Address:	
City, State, Zip:	
Phone:	Work Phone:
Relation to Camper/Student:	

**Please provide a copy of your current Insurance Card (front and back).**

Charlotte-Hungerford Hospital has my permission to use my credit card for co-payments and/or medical treatment as deemed necessary.

**Credit Card:**    Mastercard    Visa    Discover    American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_