MEDICAL RELEASE FORM

As the parent/legal guardian of:

Name of Camper: ______________________________

I authorize the staff of the International Chess Institute of the Midwest, dba Anatoly Karpov International School of Chess, to act for me according to their best judgment in any emergency requiring medical attention. I request that in my absence the above-named Camper be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Campers birth: ______________ Date of last Tetanus Booster: ______________

Allergies: ______________________________

Other Medical Conditions: ______________________________

Camper's Physician: ______________ Phone #: ( ) -

Name of Parent/Guardian: ______________________________

Street Address: ______________ City: ______________ State: ______

Zip Code: ________ Phone # H: ( ) - Work #: ( ) -

Mother's Cell #: _(______)__________________________ Father's Cell #: __(_____)____

Person responsible for charges (if different from above) ______________________________

Street Address: ______________ City: ______________ State: ______

Zip Code: ________ Phone # H: ( ) - Work #: ( ) -

Person to notify if parent/guardian is unavailable: ______________________________

Street Address: ______________ City: ______________ State: ______

Zip Code: ________ Phone # H: ( ) - Work #: ( ) -

Cell #: __(______)____

______________________________ | ( ) -

Medical and/or Hospital Insurance Co Phone #:

______________________________ | ______________________________

Policy Holder Policy Number

Signature of Parent /Guardian: ____ Date: _________________

PRINT NAME: ____