



# POINT LOMA ARTS ACADEMY

A not-for-profit community arts organization since 1980

[www.plartsacademy.com](http://www.plartsacademy.com)

## Medical Release Form

*(Please print legibly)*

Child's Name: \_\_\_\_\_ Gender: M/F

Child's Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_, \_\_\_\_\_

Parent Phone(s) \_\_\_\_\_, \_\_\_\_\_

Parent Email \_\_\_\_\_, \_\_\_\_\_

Emergency contact (other than parents):

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_, \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's Allergies (food, insects, environmental, other):  
\_\_\_\_\_

In the event of a medical emergency, Point Loma Arts Academy is hereby authorized to seek appropriate medical treatment from an authorized professional.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

***Please return this completed form with return this form to:***

[pointlomaartsacademy@gmail.com](mailto:pointlomaartsacademy@gmail.com)

Point Loma Arts Academy  
3737 Centraloma Drive  
San Diego, CA 92107