*I*,­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent and/or legal guardian of

PRINT LEGAL NAME

­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose date of birth is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT LEGAL NAME MONTH DAY YEAR

do hereby agree and consent that my child or ward may receive advice, treatment, medical care and/or psychological services relating to any illness, injury or personal problem from any physician, nurse, psychologist, counselor or other mental health care professional or paraprofessional employed, made available, or referred by the Curtis Institute of Music as an accommodation to its students. I agree that information relating to such advice, treatment, medical care, and/or psychological services provided to my child or ward due to a sudden illness or injury may be communicated by my child's or my ward's medical care or service provider to the Curtis Institute of Music. I further agree that such consent shall remain in effect until revoked by written notice received by the Curtis Institute of Music. In consideration of such services, I hereby release the Curtis Institute of Music and its agents, trustees, employees, and personnel from any responsibility, liability or claims whatsoever in connection with the furnishing of any such advice, treatment, medical care, and/or psychological services regardless of whether caused by negligence or any other cause.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

**SIGN, DATE, AND RETURN THIS FORM BY JULY 1, 2022:**

**Scanned copies may be emailed to Paper originals may be mailed to**

[**meredith.tarditi@curtis.edu**](mailto:meredith.tarditi@curtis.edu) **Dean Tarditi**

**Curtis Institute of Music**

**1726 Locust Street**

**Philadelphia, PA 19103**