

HEALTH INFORMATION

REQUIRED for: • SINGERS • PIANISTS • INSTRUMENTALISTS • FACULTY/STAFF • VISITORS

We urge you to determine the status of your health prior to traveling to Vianden. If you are under treatment for a medical or surgical condition, please obtain clearance from your doctor to participate in VIANDEN INTERNATIONAL FESTIVAL & SCHOOL.

MEDICAL INFORMATION STATEMENT

- 🕒 The information I provide regarding my health and recent medical history will be accurate and complete to the best of my knowledge. I understand that it is confidential and to be used only to help me while in Vianden.
- 🕒 I will not hold VIANDEN FESTIVAL or its agents responsible for errors or omissions I may have made in the completion of my recent medical history.
- 🕒 I will promptly inform the VIANDEN FESTIVAL staff should there be a change in the status of my health or well being while I am at Vianden.

Read the Emergency Treatment Statement below to give approval for Vianden Festival to seek medical care in case you are unable to give permission for treatment at the time of an emergency.

Participants less than 18 years old: Please print this page and have a parent or guardian sign and mail it to AIMS.*

EMERGENCY TREATMENT STATEMENT

I hereby authorize Vianden Festival and/or its agents to obtain medical and surgical treatment on my behalf in the event of an emergency during Vianden Festival & School.

By clicking on Accept or Don't Accept in the Vianden Festival Registration questionnaire, I agree that electronic transmission of my permission is legally binding.

Signed electronically.

*If mailed:

Name of participant _____ Age _____

Signature of Parent or Guardian _____ Date _____