

BLAST OF BRASS 2011

HEALTH FORM (MANDATORY)

LAST NAME _____ FIRST NAME _____ Social Security # _____ - _____ - _____

MEDICAL CONDITIONS: Please list any medical conditions that would assist the camp staff in case of an emergency.

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MEDICATIONS: Please list all medications brought to the camp. Medications should be properly labeled and in the original container.

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ALLERGIES: Please list any allergies to foods or medications.

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Date of last Tetanus vaccine _____. If left blank, and a tetanus shot is considered necessary by the physician, one will be given.

_____ My child will self-administer his/her medication while at camp.

_____ My child will be taking medication that requires the camp staff to keep and administer the medication. Please provide detailed instructions.

In the event a child requires emergency treatment the child will be taken to the nearest local emergency room and the parents will be contacted immediately.

IN CASE OF EMERGENCY AND THE PARENT OR GUARDIAN IS UNAVAILABLE, CONTACT:

NAME: (If no one, please state "NONE") _____

Day Phone _____, Evening Phone _____, CELL PHONE _____

HEALTH INSURANCE COMPANY: (If none, please state "Not Applicable")

Company Name _____ Group # _____ Policy # _____

Family Doctor _____ City _____ State _____ Phone _____

If staying off-campus and not living with legal guardian, please list temporary residence and responsible adult:

Name _____ Relationship _____ Phone _____

Address _____

Parent's Emergency Contact Numbers: **Father's Cell** _____ **Mother's Cell** _____

IN CASE OF AN ACCIDENT OR SUDDEN ILLNESS/INJURY TO THE ABOVE-NAMED CHILD AND IN THE EVENT THAT I CANNOT BE REACHED BY PHONE, I HEREBY AUTHORIZE A REPRESENTATIVE OF METRO MUSICAL PRODUCTIONS / BLAST OF BRASS TO SEEK MEDICAL TREATMENT FOR MY CHILD. I HOLD METRO MUSICAL PRODUCTIONS / BLAST OF BRASS, ITS EMPLOYEES, AND RICHLAND COLLEGE (DCCCD) HARMLESS FROM ALL LIABILITY RESULTING FROM ANY ACCIDENTS OR ILLNESS TO MY CHILD. I VERIFY THAT ALL INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE READ AND UNDERSTAND ALL THE INFORMATION CONTAINED HEREIN.

AUTHORIZATION AGREEMENT SIGNATURE OF PARENT/LEGAL GUARDIAN OF THE ABOVE MEDICAL INFORMATION AND STATEMENTS:

_____ DATE _____