

# BLAST OF BRASS 2010

# 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.


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


**ALLERGIES:** Please list any allergies to foods or medications.


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 \_\_\_\_\_