



ADRIAN HIGH SCHOOL
2016 BAND CAMP REGISTRATION AND MEDICAL FORM (p.1 of 3)

Student Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Time Phone: _____

Student's Email Address: _____

Parent's Email Address: _____

What grade did student just complete? _____ **Age at camp?** _____

Birth date: Month: _____ Day: _____ Year: _____

Check One: Male: _____ Female: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Mother's Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

MEDICAL INFORMATION:

Is this student in overall good health? _____

If "NO", please explain:

Note:

Allergies: {Please list}



Registration and Medical Info. Continued (p.2 of 3)

List any other medical limitations:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE EXPAND ON ANYTHING ELSE THE CAMP MEDICAL STAFF MAY NEED TO KNOW:

Immunizations: { Check if up to date }

Diphtheria ___ Hepatitis B ___ Measles ___ Mumps ___

Polio ___ Rubella ___ Whooping Cough ___

Date of last Tetanus Shot: _____

If a girl, have you had your first (1) menstruation? Y or N

Do we have your permission to issue the following over the counter medications, if necessary?

Tylenol: Y or N

Benadryl or any Antihistamine: Y or N

Advil: Y or N

Topical antibiotic ointment: Y or N

Midol or any cramp type medication: Y or N

Parents are always contacted in event of any condition that needs immediate/serious medical attention at a hospital or beyond what we feel is safe to remain at or be treated at camp. At camp the children sometimes have minor aches, pains, bug bites, etc. that can be treated by the camp nurse. Please describe below at what point you would like to be contacted regarding care given by the camp nurse for these less serious issues:

Medication: EACH prescription medication must be accompanied by the “APS Permission to Administer Medication” form. See separate document.



Registration and Medical Info. Continued (p.3 of 3)

INSURANCE INFORMATION

Insurance Company's Name: _____ Phone Number: _____

Policy Holders Name: _____ Policy Number: _____

Birthdate: _____ Social Security Number: _____

PLEASE ATTACH A COPY OF INSURANCE CARD

Registration and Medical Authorization:

I approve the participation of my minor child in the Adrian High Marching/Orchestra Camp and waive any and all claims against the same, its Boards or Representatives, due to injury or any other damages incurred to the camper or said camper's property in connection with the Summer Band Camp.

I assure that my child is in good physical health and is able to attend camp. I authorize the Camp Health Officer to render necessary routine first aid and any medical health care as required. I authorize the director's to seek any necessary emergency medical treatment.

Parent/guardian Signature: _____

Print: _____

Sign: _____

Date: _____