



CAMP REGISTRATION AND MEDICAL FORM

ADRIAN HIGH SCHOOL BAND CAMP

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 will student be starting in September? _____

PARENT/GUARDIAN INFORMATION

Guardian 1 : _____

Last Name

First Name

Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Guardian 2: _____

Last Name

First Name

Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

MEDICAL INFORMATION:

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

Age at camp? _____ Gender: _____

Is this student in overall good health? _____

If "NO", please explain:

Note:

Allergies: {Please list} _____

Side effects experienced _____

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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 female, 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

Medication: ALL medication must be turned into the camp nurse upon check-in for camp

Name: _____ Dosage: _____ Time to be taken: _____

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Name: _____ Dosage: _____ Time to be taken: _____

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Registration and Medical Info. Continued

INSURANCE INFORMATION

Insurance Company's Name: _____ Phone Number: _____

Policy Holders Name: _____ Policy Number: _____

Birthdate(policy holder): _____ Social Security Number(policy holder): _____

PLEASE ATTACH A COPY OF INSURANCE CARD

Parents are **always** contacted in event of any condition that needs immediate/serious medical attention at a hospital or beyond what 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. If you would like to be notified for the more minor instances, please describe below at what point you would like to be contacted:

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: _____

Date: _____