



# 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:**

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**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: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

# CAMP REGISTRATION AND MEDICAL FORM



## 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:

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### Registration and Medical Authorization:

**I approve the participation of my minor child in the Adrian High Marching Band 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: \_\_\_\_\_

### Please Note:

On the day of departure, a guardian must be present to complete a final check-in and designate who the camper will be released to at the conclusion of camp.