

MEDICAL HISTORY AND PERMISSION FOR TREATMENT

UNCG Summer Music Camp


Last Name	First Name	Middle Name or Initial
Home Address	City	State
		Zip
	Student's Home Telephone	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Email Address 1 (parent/guardian)	Email Address 2 (parent/guardian)
Name & Relationship of Next of Kin	Address (if different from above)	Work Phone 1 (parent/guardian)
		Work Phone 2 (parent/guardian)
Mother's Cell Phone Number	Father's Cell Phone Number	Vacation Phone Number (if applicable)
Hospitalization & Health Insurance Company	Address	Policy Number and/or Group Number

PARENTS OF ALL SUMMER MUSIC CAMP STUDENTS: I hereby authorize any medical treatment for my child which may be recommended by the Music Camp Registered Nurse, or by a licensed physician at a Greensboro Urgent Care facility or at a Greenboro area Hospital.

Signature of Parent or Guardian _____ **Date** _____

My signature above authorizes the Camp Registered Nurse to dispense the following over-the-counter medicines to my child if necessary.

(please check each) Yes No

Antihistamine (Benadryl)			
Ibuprofen (Advil or Motrin)			
Natural Tears (eye drops)			
Pepto-Bismol / Antacid			
Tylenol			
Other:			

Parents of Summer Music Camp Students:

Please complete this form and bring it with you to Music Camp. Do not mail it in advance. **A parent must sign and date the form in the box above.** A physical exam is not required. You may complete the form yourself for your child. If special medical conditions exist or if there are known drug allergies, be certain to specify those. Feel free to use the back of the sheet or attach an extra page if necessary.

MEDICAL HISTORY

1. Allergies or intolerances (food / drug / environmental) _____
2. Date (year) of most recent tetanus toxoid vaccine (listed on records as DTaP, DT, or Td) _____
3. Health concerns in the past five years _____
(continue comments / medications on the back of this page as necessary)

Health Concerns	Comments
Asthma	
Diabetes mellitus	
Epilepsy	
Headache	
Recent injury / illness	
Other	

Medications	Dose	Frequency

Who will administer medications at camp? (circle one) The Camper or The Camp Nurse**

** Medications must be clearly labeled and in their original containers. Refrigeration is available. For most music camp students, taking their own medication is the best choice.

★ Bring this completed form to Summer Music Camp check-in. Must be signed by parent or guardian. ★