



WESTERN CONNECTICUT STATE UNIVERSITY

Summer Music Participant Health Information

This form must be completed and signed by the participant's legal guardian for all participants who are under 18 or haven't completed high school in order to attend. The information we ask you to provide is necessary in the event your child needs medical treatment while the programs are in session. This form is due by **JUNE 15th, 2010**.

Participant Information

Camper Name _____ Date of Birth ____ / ____ / ____ Gender _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ 2010 Grade Completed: _____

Parent / Guardian Emergency Contact Information

Parent / Guardian _____ Relationship to Camper _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Usual Work Hours: _____

Parent / Guardian _____ Relationship to Camper _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Usual Work Hours: _____

Alternate Emergency Contact (non parent/guardian)

Name _____ Relationship to Camper _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Usual Work Hours: _____

Name _____ Relationship to Camper _____

Home Address _____
Street City State Zip

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Usual Work Hours: _____

Allergies

Known Allergies to medications _____

Other known allergies (food / environmental) _____

Activity Restrictions

_____ My child has certain activity restrictions. Explain: _____

Prescription Medication

_____ My child will **not** take medication.

_____ My child will take medication. Please return one completed and signed Medication Authorization form for **each** prescription that your child will take. We are not able to administer medication without the completed authorization.

Over-the Counter Medication

Listed below are some of the over-the-counter medications approved by our camp physician for use by our camp health staff, in accordance with our treatment procedures. **You do not send these to camp.** Please indicate if your child may/may not be given these medications. (Please circle "yes" or "no" for each).

Ibuprofen (Advil)	Yes	No	Tums	Yes	No
Acetaminophen	Yes	No	Kaopectate	Yes	No
Benadryl	Yes	No	Pepto-Bismol	Yes	No
Sudafed	Yes	No	Mylanta	Yes	No
Robitussin Expectorant	Yes	No	Throat Lozenges	Yes	No

Insurance Information

Name of Insurer _____ Policy Number _____

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD.

Additional Information

Please use this space to provide us with any additional relevant information:

Medical Treatment Consent

I, the legal guardian of the above-named camper, give permission to WCSU Summer Music Camp Health Supervisor to provide routine health care, administer prescribed medications and seek emergency medical treatment as they see necessary at Danbury Hospital or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp Director authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the above-named child. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims. I understand that whenever possible, the Camp Director will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp Director will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Signature of Parent / Guardian _____

Print Name: _____ Date: _____