

HIGH PLAINS MUSIC CAMP MEDICAL FORM

Medical History, Treatment Permission, and Release

Note: This form is required prior to participation at the High Plains Music Camp. Participation will not be permitted until this form has been completed, signed, and is on file with the HPMC office.

PLEASE PRINT USING BLACK INK

Participant Information:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Grade: _____ Gender: _____ F _____ M

Father/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Mother/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Other/Emergency Contact Person Name: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Family Physician: _____ **Phone:** _____

Dentist or Orthodontist: _____ **Phone:** _____

Insurance Company: _____ **ID Number:** _____

***A copy of the front and back of the responsible party's insurance card must be attached to this form.*

MEDICAL HISTORY (Please use space provided on page 2 if necessary.) **Date of last Tetanus booster:** _____

Is the participant under the care of a provider for a medical and/or psychological problem? NO YES

If yes, please explain: _____

Is the participant taking medication prescribed by a health care provider? NO YES

If yes, please explain: _____

Allergies (If YES, please list the allergy and provide additional information as necessary.)

Insect bites/stings NO YES _____

Medications NO YES _____

Food NO YES _____

Other NO YES _____

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless the Regents of Fort Hays State University, and their members officers, agents, employees, and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the High Plains Music Camp activities, including stays and participation of events on campus and participation in activities at the Hays Aquatic Park.

CONSENT FOR TREATMENT: I hereby give my permission to the camp certified nurse to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for High Plains Music Camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during High Plains Music Camp participation.

IMPORTANT: MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

RELATIONSHIP TO PARTICIPANT: _____

Additional Information:

Mail the completed medical form, plus a copy of the front and back of the responsible party's health insurance card, no later than June 15 to:

**High Plains Music Camp
Department of Music and Theatre
Fort Hays State University
600 Park Street
Hays, KS 67601-4099**