

2015 Lakeland College Summer Music Camp Health Form

Camper Name _____ Birth Date ____/____/____ Age _____ Gender: M F
School Name _____ School City/State _____
Parent/Guardian Name _____
Parent/Guardian Address _____
Parent/Guardian Email Address _____
Phone Numbers: Day _____ - _____ - _____ Evening _____ - _____ - _____ Cell _____ - _____ - _____
Insurance Co. _____ Policy No. _____

Emergency Contacts (other than parents)

1) Name _____
Phone Numbers: Day _____ - _____ - _____ Evening _____ - _____ - _____ Cell _____ - _____ - _____
2) Name _____
Phone Numbers: Day _____ - _____ - _____ Evening _____ - _____ - _____ Cell _____ - _____ - _____

Any special physical or emotional conditions of which camp staff should be aware regarding student's participation in camp: _____

Consent for Medication Administration & Medical Treatment

To Parent(s) or Legal Guardian(s):

If your son, daughter, or ward will be under the age of 18 while attending Lakeland College's Summer Music Camp, your consent must be secured for medication distribution.

All prescription medication must be in the original medicine bottle and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Only the amount of medication required by the camper for the duration of camp should be sent to camp. All medications (both prescription and non-prescription) must be turned in to the Head Residence Hall Counselor when checking in at the dorm.

Please complete all of the following items that apply:

- ☐ No medication will be brought to camp.
☐ My child will take the following prescription medication(s) while at camp:

Medication name _____ Medical condition _____

Medication name _____ Medical condition _____

By signing below:

- I give permission for the Camp Nurse or Head Residence Hall Counselor to keep all prescriptions and over-the-counter medications while my child is at Lakeland College's Music Camp.
- I give permission for the Camp Nurse or Head Residence Hall Counselor to administer the above medications while my child is at Lakeland College's Music Camp.
- I am giving consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am responsible for any related charges.
- I am stating that I am aware of and accept any risks inherent in the program activities.
- I attest that all information on this form is correct.
- I agree to release and hold harmless Lakeland College and any of its trustees, officers, employees, or agents from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions my son, daughter, or ward in the course of camp.

Signature of Parent/Legal Guardian _____ Date _____