

Middle School Music Camp Medical/Activity Form Please bring this form with you to Camp Registration

Student Name_

Does this student have any special medical conditions we should know about, such as:

Allergies:yes no	If yes, please explain		
Pleases list any allergies such as medicat	tions, bee stings, etc.		
Sleep disorder: yes no	If yes, please explain		
Other:yes no	If yes, please explain		
Students are allowed to keep prescription/non-prescription medicines in their personal possession at camp with parental/guardian consent.			
List any prescription/non-prescription m that need to be met regarding these medi		bringing to camp and any	special conditions
 List any restricted activities 1. The student named above has my permission to participate in all camp activities except for the restrictions listed 2. I authorize the above named student to be transported by Colorado Mesa University Music Camp employees to seek medical attention as approved by the Camp Director. Costs resulting from a doctor visit, prescription medication, x-rays, lab work or hospital treatment are the sole responsibility of the parent. Print name of Parent/Guardian_ 			
			Zin
Address Home Phone ()			
Name of Doctor or Clinic			
	Policy/Group #		
Alternate contact in case you cannot b			
Name	Relationship		
Address			
Home Phone ()	_ Work ()	Cell ()	
Name of Doctor or Clinic Colorado Mesa University does not allow It is understood that campers will follow c	the use of alcoholic beverages or ill	Phone	anytime during camp. mmediately at the

parent's expense. It is understood that photos of campers may be used for publicity purposes. Students are not allowed to leave campus for any reason during camp unless accompanied by staff or parent!

Signature of Parent/Guardian_____