



2017 Lakeland University Music Camp Health and Waiver Form

Camper Name:	
Gender:	
Birth Date:	

CAMPER INFORMATION:	
Primary Address:	
City:	
State:	
ZIP:	
Parent/Guardian 1:	
Primary Phone:	
Other Phone:	
Address (if different from camper):	
City:	
State:	
ZIP:	
Parent/Guardian 2:	
Primary Phone:	
Other Phone:	
Address (if different from camper):	
City:	
State:	
ZIP:	

Additional contact in event parent(s)/guardian(s) cannot be reached:	
Emergency Contact Person:	
Emergency Phone:	

DIET/NUTRITION:
Camper eats a regular diet.
Camper eats a vegetarian diet (please describe).
Camper has specialized food needs (please describe).
Please describe diet restrictions.

ALLERGIES:	
No known allergies.	
Camper is allergic to:	Food(s)
	Medicine(s)
	Environmental
	Other
Please describe allergies and known reactions.	

MEDICATIONS:	
Please list ALL (prescription and over-the-counter) medications brought to camp below.	
Name of Medication	
Reason for Taking	
When Is It Given?	
Amount of Dose	
Name of Medication	
Reason for Taking	
When Is It Given?	
Amount of Dose	
Name of Medication	
Reason for Taking	
When Is It Given?	
Amount of Dose	

The following non-prescription medications are stocked in the dorm halls and Camp Office and are used on an as needed basis to manage illness or injury. **Check the box of any medications the camper should NOT be given.**

Acetaminophen (Tylenol)	Cough Syrup / Cough Drops
Ibuprofen (Advil, Motrin)	Antibiotic Ointment
Loratadine (Claritin)	Bismuth Subsalicylate (Pepto-Bismol)
Diphenhydramine antihistamine (Benadryl)	Hydrocortisone Cream
Calamine Lotion	Antiseptic Ointment
Pseudoephedrine decongestant (Sudafed)	Tums

INSURANCE INFORMATION:

Insurance Company:	
Policy Number:	

ANYTHING FORGOTTEN?

Please provide any additional information about the campers health that you think is important or that may affect the camper's ability to fully participate in the camp.

AUTHORIZATION FOR MEDICATIONS AND TREATMENT:

I hereby give permission to the medical personnel selected by the camp director to treat and administer the over-the counter medications listed above, if deemed necessary.

I hereby give permission to the Camp Nurse and Dorm Parent to keep all prescriptions and over-the-counter medications while my child is at camp.

I hereby give permission to the Camp Nurse and Dorm Parent to administer the above medications while my child is at camp.

I hereby give consent in advance for medical treatment at an appropriate medical facility in case of illness or injury and accept responsibility for any related charges.

Signature of Parent/Guardian:	
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PHOTO AND VIDEO RELEASE:

The Music Camp will be taking photos and videos of campers throughout the week. These photos and videos may be published on Facebook, Twitter, YouTube, the Lakeland website, or other social media websites. Please mark one of the following options below.

I hereby grant the Lakeland University Music Camp in the right to use and publish photographs or other images of my child in any print, electronic, digital or other media without restriction. I hereby release the Lakeland University Music Camp from all claims and liabilities relating to images as long as no personal information or name is attached to any photo or video of my child.

I do not allow the Lakeland University Music Camp the right to use or publish photos or video of my child in promotional materials on Facebook, Twitter, YouTube, or any other print, electronic, digital, or other media.

Signature of Parent/Guardian:

ZERO TOLERANCE POLICY AND WAIVER:

I accept the responsibility, on behalf of my child, of adhering to the rules and regulations of the Lakeland University Music Camp. I further understand that the camp follows a zero tolerance policy with regard to alcohol, drugs, tobacco, marijuana, e-cigarettes, weapons, or disruptive behavior. I understand that failure to abide by the rules and regulations will result in dismissal with no refund.

I thereby release and discharge Lakeland University, the Lakeland University Music Camp, and its employees from all claims resulting from illness, injuries, including death, or other damage which may be sustained by the camper while at camp.

Signature of Parent/Guardian: