

**2017 TEXAS STATE CHOIR CAMP  
MEDICAL FORM**

Please complete and return the following information.  
**Parent/Guardian signature  
required.**

Please Circle Camp Attending:    Maroon (July 5-8)    Gold (July 10-13)

Male

Female

**GENERAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contacts (Cannot be listed as parent/guardian):

1. \_\_\_\_\_ Hm# \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Hm# \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child suffer from any chronic or reoccurring condition or illness? If yes, please explain:

\_\_\_\_\_

All medication that is brought with the Camper **must** be in the original container with all labels intact and **must** be listed below. Prescription labels must have the Camper's name and current dosage. Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders.

<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Reason</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Other Health Concerns** (please attach explanations as needed):

Physical impairment restricting activities:	
Bone/joint injury in the past 12 months:	
Major illness in the past 12 months:	
Other:	
Please list any significant allergy:	

**HEALTH CARE AND CAMP PERMISSION**

Parent/guardian **must** initial and sign statements below

\_\_\_ Medical care is available at your expense and this expense will not be assumed by the Camp or Texas State University. Doctors are available at the University Medical Center during the workday. I understand that in the event of serious illness or injury, Camp Administrators will seek professional medical attention including, but not limited to EMS transportation and hospitalization.

**Medical Policy under which your child is covered including policy number** (if applicable):

\_\_\_\_\_

I give permission for my child to be given the following medications according to the recommended dosage for age if necessary (please initial below):

\_\_\_ Acetaminophen (Tylenol)    \_\_\_ Ibuprofen (Advil)    \_\_\_ Pepto-Bismol

\_\_\_ Anti-Diarrhea (Imodium)    \_\_\_ Antihistamine (Benadryl)

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_