2019 Health Form & Camp Agreement

Application cannot be processed until this form is completed in its entirety by parent/legal guardian, signed, and returned. If necessary, update this information with nurses on registration day. Form Deadline: June 7, 2019

Student Name (Last, First) ___________________________________________ Nickname on nametag (if different) ___________________________ Gender: ____________

Name of Insured (Financially responsible party with authority to make medical decisions): ___________________________________________________________________________

Relationship to student: ___________________________ Contact Phone: ___________________________

Please copy both sides of your insurance card and enclose OR Fill in the following

Provider (if none, state “Not Applicable”): ___________________________________________ Group # ___________________________ Policy # ___________________________

Family Doctor: ___________________________________________ ___________________________________________ ___________________________ ___________________________

Name                                           City                       State              Telephone

Please continue on the back if necessary Date of last Tetanus ____________

MEDICATIONS: _____________________________________________________________

Allergies to food or medication: ____________________________________________

* Campers requiring emergency treatment will be taken to the University Medical Center emergency room unless otherwise specified. Every effort will be made to contact a parent/legal guardian prior to seeking medical attention; however, the registered nurse will make the decision to proceed based on the safety and welfare of the camper. Parents are responsible for all medical expenses. Please provide the most current insurance information.

* The camp clinic will have a limited supply of over-the-counter medications for aches/pains, upset stomach, allergies, etc. Campers MAY NOT self-administer medications for the following: antidepressants, any controlled substance (including prescription pain medication), and medication for ADD/ADHD. These must be administered through the camp clinic. ALL medications should be properly labeled and in the original container. Please be sure that the student is aware of the proper use of all medications and medical equipment brought to camp. The Camp is not liable for their loss.

_____ My son/daughter will self-administer his/her medication while at camp. I understand that these medications may not include any medications for the above-named drug categories.

_____ My son/daughter will be taking medication that requires the camp nurse keep and administer the medication. (Please provide detailed instructions.)

In case of accident or sudden illness/injury to the above-named child and in the event that I cannot be reached by phone, I hereby authorize a representative of Texas Tech Band and Orchestra Camp to seek medical treatment for my child. I hold the Texas Tech Band and Orchestra Camp, its employees, and Texas Tech University harmless from all liability resulting from any accidents or illness to my child. I verify that all information on this form is complete and accurate. I have read and understand all information contained herein.

agreement... We understand the following
• All information contained herein is complete & accurate
• Campers will abide by all camp rules.
• All fees are due by June 7
• No refunds will be made after June 7 except for medical withdrawals which require a doctor’s statement and will only be eligible for tuition refund
• $50 processing fee for all refunds
• Use or possession of alcohol, any illegal substance, firearms, or other weapons will constitute immediate dismissal from the camp with no refund and appropriate police action will be initiated.

Parent/Legal Guardian Signature

Student Signature

Authorized Signature of Parent/Legal Guardian ___________________________ Date ___________________________