

Health Form

Any camper attending without parent or legal guardian must have this form turned in to Camp Director in order to attend camp.

I, the undersigned, parent or legal guardian of (Camper's name)

do hereby authorize an adult staff member of the Piano Camp permission to consent to any emergency treatment by a doctor, dentist or nurse, and any hospital care that may be rendered to said minor.

I agree the camp staff will not be held liable for any accident or injury while the above named minor is either on or off campus. I further agree to release any Piano Camp Staff member from any damages or expenses that might result from consenting to any medical, dental, or hospital care rendered to the above-named minor. I understand that all medical bills are the responsibility of the parent or legal guardian of the above-named minor.

The consent shall remain in effect from the beginning of camp until the above-named minor leaves campus on the final day of the camp, unless revoked in writing, delivered to Camp Director, doctor, dentist or nurse.

I further give my permission for the above-named minor to participate in all Piano Camp educational and recreational activities.

Camper's Name

Signature of Parent or Legal Guardian

Home Telephone w/area code (_____) _____

Daytime Phone (_____) _____

Student Cell Phone (_____) _____

Allergies _____

Daily Medications _____

Chronic Medical Problems

Date of Last Tetanus Shot _____

Health Insurance Company & Policy No. _____