

Sam Houston State University  
Summer Music Camps 2018  
Medical Release Form

Camper Name \_\_\_\_\_

Camp:  JH Band Camp                       Percussion Academy     JH/HS Orchestra Camp  
 Summer Conservatory                       HS All-State Choir Camp

**PARENT/GUARDIAN INFORMATION**

Mother's name \_\_\_\_\_ Mother's day phone \_\_\_\_\_ Night phone \_\_\_\_\_

Address \_\_\_\_\_

Father's name \_\_\_\_\_ Father's day phone \_\_\_\_\_ Night phone \_\_\_\_\_

Address (if different from Mother) \_\_\_\_\_

Alternate emergency phone number(s) \_\_\_\_\_

**CONSENT FOR THE TREATMENT OF A MINOR**

*The following release must be signed by the parent or guardian before the student can attend the SHSU Summer Music Camp.*

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Sam Houston State University and its officers, regents and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provides that these services are performed with ordinary care and to the best of their ability.

Parent/Legal Guardian Signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION RELATED TO MINOR:**

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

I, the undersigned, as the parent or legal guardian of the minor child, hereby acknowledge that the forenamed minor is covered by medical and prescription drug insurance as follows:

**MEDICAL INSURANCE**

Name of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_

Employer/Group Name \_\_\_\_\_

Group Number \_\_\_\_\_

ID# \_\_\_\_\_

**PRESCRIPTION DRUG INSURANCE**

Name of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_

Employer/Group Name \_\_\_\_\_

Group Number \_\_\_\_\_

ID# \_\_\_\_\_

**It is further understood that Sam Houston State University does not provide medical insurance covering injuries of any nature incurred at the 2018 Summer Music Camps. The undersigned hereby releases Sam Houston State University, its successors, assignees, officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed child in the 2018 SHSU Summer Music Camps. I understand that Sam Houston State University is not liable for any accidents, medical charges, emergency room charges or medication or pharmaceutical charges incurred during the 2018 SHSU Summer Music Camps.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include a copy of your insurance card with this form.**

Mail this Medical Release form to:  
School of Music \* Sam Houston State University \* Box 2208 \* Huntsville, TX 77341 \* ATTN: Summer Camps  
*Sam Houston State University is a Member of The Texas State University System*