

Sam Houston State University Summer Music Camps 2011

Medical Release Form

Camper Name _____

Camp: JH Band Camp JH Orchestra Camp JH/HS Piano Camp
 HS Leadership Camp HS Drumline Camp 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 2011 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 2011 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 2011 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

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