



Medical Release Form

Camper's Name (in print): _____

JH Band Camp Single Reed Camp Orchestra Camp Suzuki institute Camp All State Choir Camp

Parent/Guardian Information:

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Address: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Phone Number and relationship: _____

Consent for the Treatment of a Minor: *The following release must be signed by the parent/guardian before the student can attend.*

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/Guardian Signature: _____ Name Printed: _____ Date: _____

Medical Information Related to the Minor

Allergies (if any): _____

Current Medications (if any): _____

Pertinent Medical History: _____

Dietary Restrictions (if any): _____

Please attach/include an additional page if more space is needed.

Medical Insurance Information: *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:*

Name of Insured: _____ Insurance Company: _____

Insurance Company Phone: _____ Employer/Group Name: _____

Group Number: _____ Insurance ID: _____

Acknowledgments:

It is further understood that Sam Houston State University does not provide medical insurance covering injuries of any nature incurred at the 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 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 SHSU Summer Music Camps.

Parent/Legal Guardian Signature _____ Date: _____

Please include a copy of your insurance card with this form. Forms can be emailed to muscamps@shsu.edu or mailed to SHSU SoM, PO Box 2208, Huntsville, Texas 77341 ATTN: Summer Camps