

ABILENE SUMMER PIANO CAMP 2014

2014 MEDICAL RELEASE FORM

Every Abilene Summer Piano Camp participant must complete this form. If the participant is under the age of 18 the form must be completed by their parent/guardian. **Please attach to this form a copy of the front and back of your insurance card.**

Participants Name _____ Date of Birth _____ Sex _____ Age _____

Social Security Number _____ - _____ - _____ School _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Father's Work Phone (_____) _____

Mother's Work Phone (_____) _____

If Parent/Guardian cannot be reached contact _____ Phone (_____) _____

Insurance carrier _____ Policy Number _____

Family Physician _____ Physician Phone (_____) _____

ABILENE SUMMER PIANO CAMP 2014

MEDICAL HISTORY (Please provide details for all that apply below)

Allergies _____ High blood pressure _____

Asthma _____ Recurring sore throat/ear infection _____

Convulsions _____ Medications currently taking _____

Diabetes _____ Pre-existing injury currently being treated _____

Migraines _____ Medical conditions currently under treatment _____

Heart troubles _____ Abnormal/irregular menstrual cycle _____

Contact lenses _____ Epilepsy/fainting spells _____

Mental disorders _____ Other _____

Daily Medication and Schedule _____

I hereby grant permission to licensed hospital and/or health center staff members to administer immediate health treatment as deemed necessary to my child should she/he be injured during the Abilene Summer Piano Camp held at Hardin-Simmons University in Abilene, Texas, on the dates of June 22 – June 26, 2014. Furthermore, I understand that I am responsible for payment of expenses incurred relating to my daughter's/son's medical treatment.

I acknowledge and understand the risks involved in the Abilene Summer Piano Camp and grant permission for my child to attend and assume those risks. I further agree to hold harmless the Abilene Summer Piano Camp, the Hardin-Simmons University School of Music and its affiliates, the university, and all associated officers and staff for any injury sustained as a result of my daughter's/son's participation in the Abilene Summer Piano Camp. The Abilene Summer Piano Camp and the Hardin-Simmons University School of Music strive to provide the maximum in safety procedures and guidelines, and therefore cannot assume responsibility for any accidents or injuries that may occur.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____