

Medical Form

Piano Discoveries Summer Camp 2017

This form grants permission to Piano Discoveries and The University of Mississippi to seek medical treatment for the student named below in the event of a medical emergency. All students are expected to be covered under the policy of their respective parent or guardian.

Student Name

Birth Date

Custodial Parent or Guardian Name

Insurance Company

**Please attach a copy of the card.*

Policy Number

Name of Person Carrying Insurance

Family Physician

Office Telephone

If you feel we need to know about a particular medical condition for which your child is being treated at this time, please list it here. _____

Is your child under the care of any psychologist or psychiatrist, or being treated for any emotional or mental issues?

YES NO

If yes, please list any medication taken. _____

**If yes, please make sure that you have seen the physician to have your child cleared for participation in this camp.*

List any food or medications to which your child is allergic.

List any restrictions of physical activity that may apply to your child.

***In case of emergency, we always contact the parents. However, should the parents not be available, please notify:**

Name Relationship to student

Address

Phone Numbers: Home

Work

Cell

Parent or Guardian Signature

**Note: Please remit a copy of your insurance card (front and back) and alert us to any medical issues of which we should be aware at Registration.*