

HEALTH CARE AUTHORIZATION STATEMENT

Name of Camper:

I hereby give permission to the camp named below, which is licensed by the State of Michigan, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, for the camper name above, while attending camp.

Authorized Signature:

Signature Date:

Authorized Signature:

Signature Date:

Camp Name: Eaton Rapids Marching Band

NOTE: In accordance with MCLA Act 116 of the Public Acts of 1973, as amended, and the rules of licensing camps, this authorization must be signed by a parent or guardian of a child camper unless there is religious objection.

NOTE: In accordance with MCLA Act 218 of the Public Acts of 1979, as amended, and the rules of licensing camps, this authorization must be signed by the authorized person of the adult camper unless there is religious objection.

Camper Health History Record

Camper's Name (last, first, m.i.) _____
 Instrument _____ Grade _____
 Address (Number & Street) _____
 City _____ State _____ Zip Code _____

Authorized Persons

Name _____
 Address (Number & Street) _____
 City _____ State _____ Zip Code _____
 Telephone # _____ Alternate phone (cell, pager, work) _____
 Emergency or Alternate Contact Person _____
 Telephone # _____ Alternate phone (cell, pager, work) _____

Emergency Medical Information

Doctor _____ Phone # _____
 Medical Insurance Co. _____ Policy # _____

Current Health Issues and History

List any special conditions such as bedwetting, fainting, sleep walking, or allergies camper has:

List any health, behavior, or emotional problems camper has, including current infectious diseases:

Should camper's activity be restricted because of any physical reason?

No Yes (explain)

Immunization Record:

Date(s)	Type of Immunization	Last Tetanus Shot
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List any medication camper takes:

Name	Frequency	Dosage
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My student has taken these medications in the past and has had no reaction to them. I give my permission for these medications to be administered to my student as needed.

My student understands it is his/her responsibility to see the nurse for prescription medications when they are needed. (Preferably after breakfast, lunch, dinner, or before lights out) It is the nurse's responsibility to log and administer medication; it is not her job to track down my student.

I understand that I am not to have in my possession any medications while attending camp with Eaton Rapids Marching Band. I also understand that the "sharing/borrowing" of any medication is absolutely prohibited. If I feel I am in need of medication, I will have the necessary conversation with the person(s) in charge of the current activity (Band director, section leader, instructor) for direction. It is with the permission of a band director during field practice that I can be dismissed to go to the nurse if he/she is not at our location.

Students Signature _____ Date _____

Authorized Person's Signature _____ Date _____

I give permission for the health officer to give my child medication as needed.

I certify that this information is true to the best of my knowledge

Authorized Person's Signature _____ Date _____