



University of North Alabama
W.C. Handy Jazz Camp

June 11-14, 2017

ADVANCE CONSENT FOR TREATMENT

This form must be completed and submitted for participation in the W.C. Handy Music Camp. This information will be treated in a confidential manner and utilized only in matters concerning the health and welfare of the person concerned.

STUDENT NAME: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PHONES: (Work): _____ (Home): _____ (Cell): _____

EMAIL: _____

EMERGENCY CONTACT (OTHER THAN PARENT): _____

EMERGENCY CONTACT PHONE(S): _____

MEDICAL INFORMATION INCLUDING CURRENT CONDITIONS (SUCH AS ALLERGIES, DIABETES, EPILEPSY, MENTAL CHALLENGES): _____

PRIOR ILLNESSES OR SURGERIES: _____

PRESENT MEDICATION(S): _____

FAMILY PHYSICIAN CONTACT PHONE: _____

AUTHORIZATIONS FOR EMERGENCIES:

- A. Permission is granted for the camp director and chaperones to administer first aid, and to arrange transportation to a medical facility in case the person named is seriously ill or injured.
- B. I hereby release and discharge the camp director, faculty, Music Preservation Society, Inc, and volunteer chaperones from any and all liability in case of accident and other injury which might occur through administering first aid, and or arranging transportation to a medical facility.

NAME OF INSURANCE CARRIER: _____ POLICY GROUP: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____