

# Medical History and Permission for Treatment


## UNCG Summer Music Camp

Last Name	First Name	Middle Initial	Social Security Number
Home Address	City	State	Zip
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address mother	Email Address father
Hospitalization & Health Insurance Company		Address	Policy Number and/or Group Number
Name & Relationship of Next of Kin	Address (if different from above)	Work Phone Number (father)	Work Phone Number (mother)
Mother's Cell Phone Number	Father's Cell Phone Number	Vacation Phone Number (if applicable)	

**PARENTS OF ALL SUMMER MUSIC CAMP STUDENTS:** I hereby authorize any medical treatment for my son or daughter which may be recommended by the Music Camp Registered Nurse, or by a licensed physician at a Greensboro Urgent Care facility or at a Greenboro area Hospital.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**My signature** above authorizes the Camp Registered Nurse to dispense the following over-the-counter medicines to my son or daughter **if necessary**.

	Yes	No	(please check each)
Pepto-Bismol / Antacid	<input type="checkbox"/>	<input type="checkbox"/>	
Antihistamine (Benadryl)	<input type="checkbox"/>	<input type="checkbox"/>	
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	
Ibuprofen (Advil or Motrin)	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Tears (eye drops)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**Parents of Summer Music Camp Students:**

Please complete this form and bring it with you to Music Camp. Do not mail it in advance. **A parent must sign and date the form in the box above.** A physical exam is **not** required. You may complete the form yourself for your child. If special medical conditions exist or if there are known drug allergies, be certain to specify those. Feel free to use the back of the sheet or attach an extra page if necessary.

**MEDICAL HISTORY**

1. Allergies or intolerances (food / drug / environmental): \_\_\_\_\_
2. Date (year) of most recent tetanus toxoid vaccine (listed on records as DTaP, DT, or Td): \_\_\_\_\_
3. Health concerns in the past five years: \_\_\_\_\_  
(continue comments / medications on the back of this page as necessary)

Health Concerns	Comments
Asthma	
Diabetes mellitus	
Epilepsy	
Headache	
Recent injury / illness	
Other	

Medications	Dose	Frequency

Who will administer medications at camp? Circle one:    The Camper    or    The Camp Nurse\*\*

\*\* Medications must be clearly labeled and in their original containers. Refrigeration is available. For most music camp students, taking their own medication is the best choice.

**★ Bring this completed form to Summer Music Camp check-in. Must be signed by parent or guardian. ★**