

**Wheaton College Music Camp
Program Medical History/Medical Release Form**

*To be completed and signed by parent/guardian.
(For your child's safety and welfare, please complete all sections)*

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____

Emergency Contacts (Mandatory):

In case of emergency and we cannot reach you, whom should we call?

Contact Name #1: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Contact Name #2: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Voluntary Disclosure (Non-Mandatory):

I voluntarily disclose the following health or safety information that may affect my child or children's safe participation in this event:

Yes No - Is your child currently under physician's care or using medication?

Please explain: (Please list any prescription drugs that your child is taking.)

Yes No - Are there any limits on your child's physical activities?

Please explain:

Does your child wear: Contact Lenses? Prescription Glasses?

(Please Complete Other Side)

Yes No - Does your child have allergies (medications, insects, food, etc.)?

Please explain: (If child has food allergies please include a comprehensive list, so that we may plan accordingly with our meal service provider.)

Yes No - Does your child have any medical problems or mental conditions that we should be aware of, or has your child been seriously ill in the last 3 years?

Please explain:

Yes No - Is your child covered by medical insurance?

If so, please provide the following information:

Company: _____ Policy number: _____

Medicaid Number (if Applicable): _____

Primary Physician: _____ Physician's Phone: _____

Physician's Office/Practice: _____

Medical Release: Should my child require medical attention and/or care while participating in the Wheaton College Music Camp, I give my consent to medical examinations and necessary emergency medical treatment, including but not limited to drugs and x-rays, as may be deemed appropriate by the attending medical care provider. Should an emergency arise and I cannot be contacted, the attending medical care provider has my consent to act as emergency medical judgment may dictate. I understand that any actions of staff will be guided by the best interest of my child, and I agree to be financially and legally responsible for this care. I further understand that this medical release will be effective so long as my child is a participant in the Wheaton College Music Camp.

Print Student's Name: _____

Student's High School: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE IN THIS BOX. OFFICE USE ONLY

Destruction Date ____/____/____.