



**CANNON MUSIC CAMP HEALTH & EMERGENCY INFORMATION-SUMMER 2019-PAGE 1 of 2**

**(This two-page health/ emergency form must accompany the application)**

Camp tuition includes medical care from Appalachian State University Health Services (Open M-F 8am-4pm). If after hour care is needed, and/or it is an emergency, campers will be taken to Watauga Medical Center in Boone. During camp this two-page form will be on file at Health Services so medical personnel can attend to the camper. **In order to attend this camp this form must be signed by a parent/guardian.** This information has no bearing on admission to Cannon Music Camp.

CAMPER NAME:

\_\_\_\_\_ (Last) (First) (Middle Initial)

CAMPER'S ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Age during Camp: \_\_\_\_\_ Fall '19 Grade: \_\_\_\_\_

CAMPER RESIDES WITH? \_\_\_\_\_

Contact Information:

Parent/Guardian #1 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred number to call: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred number to call: \_\_\_\_\_

**Required Signature and Date**

**To Whom It May Concern:**

I, the undersigned, being the legal parent, legal guardian, or legal next of kin to the named camper above, do hereby authorize necessary medical treatment for this person ("Camper") while participating in Cannon Music Camp, Appalachian State University, Boone, North Carolina. I also guarantee payment of all charges incurred during treatment (physicians/hospital, x-rays, lab fees, medication, ambulance, emergency care, etc.). By law, a parent cannot consent in advance to emergency care at Watauga Medical Center. It is understood that in cases other than the need for immediate treatment, the physician may defer treatment pending parental consent of a specific professional service.

**NAME OF PARENT/GUARDIAN (print):**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Digital Signatures are not accepted at ASU Health Services, form must be signed*

Cannon Music Camp maintains an accident insurance policy on each camper, which is included in the camper tuition. Insurance information listed BELOW will be used if the camper needs to be taken to Watauga Medical Center, or as secondary insurance after our accident/illness policy. This information can be updated at any time. If taken to hospital or labs needed, you will be contacted for current information.

**ENTER THE INSURANCE INFORMATION BELOW & PLEASE COPY THE CARD FRONT/BACK AND ATTACH TO THIS FORM.**

Name of Insurance Company \_\_\_\_\_

Insurance Policy/Group Number \_\_\_\_\_

Insured Cardholder's Name \_\_\_\_\_ Insured Cardholder Date of Birth \_\_\_\_\_

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**CANNON MUSIC CAMP HEALTH & EMERGENCY INFORMATION-SUMMER 2019-PAGE 2 of 2**

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CAMPER NAME:

\_\_\_\_\_

*(Last)*

*(First)*

*(Middle Initial)*

**List two people to notify of in an emergency if parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ *(i.e. Grandparent)*

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ *(i.e. Grandparent)*

**GENERAL HEALTH INFORMATION** – Please provide the following information. This information has no bearing on admission to Cannon Music Camp; however, it is required by Appalachian State University Health Services for camp participants.

**Allergies: list any and all that apply or indicate N/A if it does not apply**

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Specific Food Choices: (Ex. vegetarian or vegan)

\_\_\_\_\_

List any current or past health conditions physicians/counselors should be aware of. This information has no bearing on admission to Cannon Music Camp; however, it is required by Appalachian State University Health Services for camp participants.

\_\_\_\_\_

Special Notes Concerning Conditions:

**MEDICATIONS:**

Does camper take medication on a regular basis? \_\_\_\_\_ Condition: \_\_\_\_\_

If yes, list medication and dosage: \_\_\_\_\_

Medications, which must be administered by a health professional, are taken over to the Health Services on the first day of camp. Campers, who require these medications, are taken at 8am M-F to the Health Services Office by shuttle van, with the counselor on duty, to get their medicine/injection administered. **Camp staff are not permitted to administer any medication (prescription or over-the-counter.**

*If you know*, please list the month/year of last Tetanus Shot: \_\_\_\_\_

**FAMILY DOCTOR/PEDIATRICIAN to reach during camp:**

Family Physician: \_\_\_\_\_

City/State: \_\_\_\_\_ Office Phone: \_\_\_\_\_