

Music & Imagination Day Camp – July 16-20, 2018
EMERGENCY MEDICAL AND CONTACT INFORMATION

CHILD INFORMATION

Child's Name _____ Birth Date _____

Address _____

Parent's/Guardian's Name _____ Email _____

Home Phone: _____ Cell Phone _____

PHYSICIAN INFORMATION

Physician's Name _____ Phone _____

Address _____

Health Insurance: _____ Company ID/Group # _____

HEALTH INFORMATION

Please indicate any specific medical conditions your child may have.

None Asthma Allergies* Diabetes Other: _____ *List Type of Allergy

Signs or symptoms to look for _____

How should the staff respond _____

MEDICATIONS

Please list any and all medications your child takes on a regular basis. Also, list the time of day that the medication is to be administered.

1. _____

2. _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____

Relation to Child _____

Phone _____

AUTHORIZATION FOR PICK UP AT CAMP

List adult (other than a parent/guardian) who is authorized and has agreed to pick up your child from camp. Adults listed will be asked for proof of identification when picking up your child.

1. Name _____ Phone _____

Relationship to child _____

WAIVER OF LIABILITY

As a parent/guardian of the above child, I hereby waive, release and forever discharge Children's

Chorus of Maryland & School of Music and Loyola University Maryland and its representatives, camp staffers and all others acting on their behalf from any and all responsibilities or liability for injuries or damage arising out of his/her presence on the premises and outdoor grounds of the Loyola University campus. I also hereby release all of those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage sustained resulting from the participant's use of the Loyola University Campus equipment or facilities. I understand the risks and dangers involved in participation in this camp program.

I understand that in the event that a child becomes ill or injured, every effort will be made to reach me or the emergency contact listed above. I give my consent to action on my behalf to attain emergency care and/or treatment if believed necessary.

Parent/Guardian Signature _____

Date _____