

# Rushmore National Music Camp Participant Medical Form 2018

(To be filled out by camp staff)

Instrument \_\_\_\_\_  
Cabin & Counselor \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

**In case of emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

**HEALTH HISTORY**

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	If Yes, Please Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	

**Allergies or Reaction to:**

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

**Immunizations:**

The following are recommended. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tetanus</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

**MEDICATIONS**

List **all** medications taking--prescription medications as well as **over-the-counter medications. Include inhalers and Epi-Pens, even if used only occasionally.** Use back side of form for additional space if necessary. Please be sure to bring medications in sufficient amounts in original containers. **All Medications should be sent in a Ziploc bag labeled with student name in sufficient quantities for the week, and will be kept with nurse during camp duration.**

Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for Medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____

In case of emergency involving the above participant, I understand that every effort will be made to contact the emergency contact(s) listed above. In the event that this person cannot be reached, permission is hereby given to Rushmore Music Camp director and nurse, medical staff, and/or any health care provider to secure proper treatment, including hospitalization, surgery, or injections of medication needed for the above participant. Medical providers are authorized to disclose protected health information (PHI) including examination findings, test results, and treatment provided with camp staff for purposes of medical evaluation of the participant, follow-up and communication with the parent/guardian. I hereby release Rushmore National Music Camp from any and all claims or liability arising from participation in camp activities.

Parent/Guardian Signature

Date

Emergency contact No.:

Allergies:

DOB:

Full name: