

Muscatine Youth Show Choir Camp Official Health & Parent/Guardian Authorization Form

Camper's Name (Type or Print): _____

Parent/Guardian's Name: _____

Address: _____ City, State & Zip: _____

Parent/Guardian Phone Numbers:

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Alternate Person (If parent/guardian can not be reached)

Name: _____ Phone: (____) _____ Relationship: _____

Insurance Company: _____ Policy # _____

Family Physician's Name: _____ Phone: (____) _____

The health of _____, Camper, is normal as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. The camper:

Is currently taking the following medications: _____

Allergies to medications or foods: _____

Special medical problems we should be aware of: _____

The above camper has my permission to participate in the Muscatine Youth Show Choir Camp at Muscatine High School in Muscatine, IA on July 10-14, 2017.

Only in the event I cannot be reached in an emergency, and if necessary, I hereby give permission to a licensed physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I am responsible (personally or through insurance) for any medical expenses.

I understand that the Muscatine Youth Show Choir Camp staff and counselors are not to be held responsible or liable for any injuries, accidents, or losses (including death) that my child might incur, however caused, in connection with this event and agree to release the proprietors from all claims, damages, lawsuits or expenses. I further understand that my child will abide by all of the rules of camp and will be sent home, without a refund, for misconduct, inappropriate behavior, or possession of illegal substances.

I understand that the Muscatine Youth Show Choir Camp is not responsible for lost or stolen property.

I understand that the Muscatine Youth Show Choir Camp shall have the right, without obtaining approval, to display, use, sell or advertise any photograph, film or video taken of my child in connection with this event.

SIGNATURE: _____ DATE: _____

(Parent or Legal Guardian)