

Medical Form

Name: _____ Age: _____

Parent/s or Guardian/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies: (include food, medicines, animals, insect bites, etc.):

Any other medical or behavioral concerns that you would like the camp staff to be aware of:

Please check the following boxes that apply. By signing the bottom, you agree to the terms of the boxes checked.

Yes, I agree to let "Bluegrass Camps for Kids" use a photo/s of my child for promotional use. (The child's name and other information will not be released.)

No, "Bluegrass Camps for Kids" may not use a photo/s of my child for promotional use.

If my child is borrowing an instrument, I agree to take full financial responsibility if my child incurs any damage to that instrument while borrowing it. If my child is using their own instrument, I agree to take full financial responsibility for the instrument that my child is using. I also agree to release "Bluegrass Camps for Kids" of any financial responsibility if any damage is done to the instrument. If my child is loaning an instrument to the camp, I agree to release "Bluegrass Camps for Kids" of any financial responsibility if any damage is done to the instrument during the camp. I also agree that if there is any damage done to the instrument during the camp, the person using it at the time will be financially responsible for the damage done.

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse or hospital in the event of an injury or illness. On behalf of the above student, I hereby waive any liability for injuries/illness sustained at this event "Bluegrass Camps for Kids". I also hereby accept legal and financial responsibility for the above student in the event of injury or illness.

For safety's sake, we have a closed campus policy. We require that a parent or guardian come in to sign out their child at the end of the day, or have a handwritten note delivered beforehand.

I agree to sign my child out at the end of the day, or provide a handwritten note beforehand.

Parent/Guardian Signature: _____ Date: _____