

**THE UNIVERSITY OF ALABAMA
SCHOOL OF MUSIC
CRIMSON MUSIC CAMP**

MEDICAL INFORMATION FORM

Student's Full Name

Date of Birth

Home Phone

Parent's Name

Parent's Cell Phone

Address

City

State

Zip

Please list all known allergies: (food, insects, medication, etc. If NONE, please state so)

Please list any medication the student is currently taking and its purpose (If NONE, please state so. Please give details regarding amount, timing and manner of taking medication)

Date of last tetanus booster:

Last physical:

Physician's Name:

Phone:

Emergency Contact Information – *Please list two people we may contact in the event we cannot reach the parent.*

Name

Cell Phone

Name

Cell Phone

INSURANCE INFORMATION

Carrier: _____

Group: _____

Policy: _____

Phone: _____

Signature of Responsible Party: _____

CONSENT for MEDICAL TREATMENT

To Whom It May Concern: I, the undersigned, being the parent, legal guardian or legal next of kin to the student named above, hereby grant authorization to the University of Alabama Crimson Music Camp staff to obtain any medical and/or surgical treatment and procedures from a physician or hospital emergency room physician.

Printed Name of Person Giving Consent

Date

Signature

Relationship to Student