

SIUC Summer Music Festival
MEDICAL INFORMATION

Medical assistance for pre-existing conditions will not be covered by the camper's insurance.

It is most important to know where parents or guardians can be reached at all times while participants are attending camp. Camper insurance provided by the university is for emergency situations only, and not intended to be a substitute for your own health insurance.

This form must be filled out, signed by a parent or guardian and returned at registration for ALL campers.

MEDICAL CONSENT FORM

SIUC Summer Music Festival
Office: 618-53-MUSIC (618-536-8742)

NAME OF CAMPER: _____

CAMP ATTENDING: _____

You have my consent for my child to be treated by the appropriate medical personnel for any illness/accident while at camp.

My son / daughter is allergic to any medications: YES _____ NO _____

If YES, please list any known allergies:

Please list any medications your son/daughter is presently taking:

I may be reached at the following address and phone:

Parent's Name (please print) _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone: (____) _____ Evening: (____) _____

Cell Phone: (____) _____

Please provide the name and phone number of a friend or relative to be reached in the event that parents/guardians are unavailable in an emergency.

Name _____ Phone _____ Relationship _____

Signed: _____

Parent or Guardian