

# CAMP RHAPSODY

## Summer Colorguard Experience

### Medical History Form & Release

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

IMMUNIZATIONS: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

#### **PAST MEDICAL HISTORY**

(Check giving appropriate information)

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_

Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Digestive Trouble \_\_\_\_\_

Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

ALLERGIES: (List type)

Food \_\_\_\_\_

Penicillin or other drug (Name) \_\_\_\_\_

Insect stings/bites \_\_\_\_\_

Poison sumac, oak, or ivy \_\_\_\_\_

Previous operations or serious illness:

\_\_\_\_\_

Any current medications: (List)

\_\_\_\_\_

Special Diet: (Name)

\_\_\_\_\_

Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

#### **PERMISSION FOR TREATMENT AND DISCHARGE**

My permission is granted for Camp Rhapsody/Rhapsody Performing Arts staff member to obtain necessary medical attention in case of sickness or injury for \_\_\_\_\_ (Participant's Name). I/We, the undersigned, do hereby release, and forever discharge all sponsors and Rhapsody Performing Arts from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. We further accept financial and physical responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date