

2018–2019 Concert Season

# Health & Information



UNION SYMPHONY YOUTH ORCHESTRA

Member Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Person(s) Authorized to Pick Child Up \_\_\_\_\_

Phone / Cell Phones \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Effective Date \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Address \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Contact Number \_\_\_\_\_ Employee Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

## EMERGENCY CONTACT IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I hereby authorize Susan Gerara, Registered Nurse, to provide medical treatment for my child at the USYO Music Camp. I understand that every effort will be made to contact me in the event that medical treatment is needed.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



UNION SYMPHONY YOUTH ORCHESTRA

**MEDICAL INFORMATION**

Allergies Including Food Allergies \_\_\_\_\_

Please list any prescribed medication that must be dispensed during the time your student is at camp. This medication should be given to the USYO Manager at Camp Check-In. Medication must be in the container labeled by the pharmacy. No injections will be administered.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Special Instructions \_\_\_\_\_

Please list any special needs your child may have \_\_\_\_\_

Is there a medical history involving any of the following:

	YES	NO		YES	NO
Allergies	_____	_____	Heart Disease	_____	_____
Convulsions	_____	_____	Phobias or Fears	_____	_____
Diabetes	_____	_____	Past Injuries/Illnesses	_____	_____
Epilepsy/Seizure Disorder	_____	_____	Past Operations	_____	_____
			Other _____		

If you answered yes for any of the above conditions, please explain in detail. Use a separate page if necessary.

Please advise us of any special instructions, side effects, or emergency procedures:

Date of Last Tetanus Booster \_\_\_\_\_

In the event of an emergency, the music camp director or manager will make every attempt to contact the parent or legal guardian.

RELEASE: I hereby authorize staff at Union Symphony Youth Orchestra Music Camp to provide emergency treatment for my child. I agree to assume financial responsibility for this service. I hereby give permission to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation, and administer treatment including hospitalization, in the event that I cannot be contacted.

In consideration of the member in the above music camp, the undersigned parent(s) guardian(s) hereby release and hold harmless the Regents of Wingate University and Union Symphony Society, Inc., and its employees, and all other Institutions involved with camp, from any and all liability occurring during the participation in camp, including property damages, expenses, and personal injuries sustained by child named above, while participating in the Union Symphony Youth Orchestra Camp and the 2017-2018 Concert Season. The undersigned parent(s)/guardian(s) acknowledge they are aware of and understand the risks involved in such activity, and are prepared to assume, on behalf of such child and themselves, all of such risks as theirs and the child's sole responsibility.

Furthermore, this release gives Union Symphony the right to post pictures from camp and the concert season to our website and for sharing with participants thru facebook for advertising, marketing & promoting Union Symphony ONLY. Please send a notice directly to the USYO Manager if you want your child excluded from any pictures taken. (carolwiley@usyo.org)

It is my understanding that said child will be subject to the rules and regulations of the above camp or clinic, failure to abide by rules is subject to removal from camp.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_