

K-State Bands MEDICAL FORM

Medical History, Treatment Permission, and Release

Note: This form is required prior to participation at the K-state Music Camp. Participation will not be permitted until this form has been completed, signed, and is on file with the Band office.

Participant Information:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Grade: _____ Gender: _____ F _____ M

Father/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Mother/Guardian Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Other/Emergency Contact Person Name: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Insurance Company: _____ **ID Number:** _____

Is the participant taking medication prescribed by a health care provider? NO YES

If yes, please explain: _____

Allergies (If YES, please list the allergy and provide additional information as necessary.)

Insect bites/stings NO YES _____

Food NO YES _____

Medications NO YES _____

Other NO YES _____

RELEASE OF LIABILITY: I hereby release and discharge, indemnify and hold harmless the Regents of Kansas State University, and their members officers, agents, employees, and any other persons or entities acting on the behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any property loss and/or bodily injury and/or disability, arising from my child's participation in the K-State Music Camp activities, including stays and participation of events on campus and participation in activities at the Manhattan City Park.

CONSENT FOR TREATMENT: I hereby give my permission to the camp staff to supervise on-site first aid for minor injuries. In the event of injury such as broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for K-State Music Camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

ASSUMPTION OF FINANCIAL RESPONSIBILITY: I hereby acknowledge that I am responsible for medical charges incurred during K-State Music Camp participation.



PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

RELATIONSHIP TO PARTICIPANT: _____

Additional Information: