

Camper Health Form

New England Music Camp
8 Goldenrod Lane
Sidney, ME 04330

Health History and Examination Form

The information on this form is not part of the camper acceptance process, but it is gathered to assist in identifying appropriate care. This form, except for the "Health Recommendations of Licensed Healthcare Provider," is to be completed by the parents/guardians and camper. Please email it to office@nemusiccamp.com by June

Camper's Name _____
Last First Middle
Home address _____
Street address
City _____ State _____ Zip Code _____

Male Registered for :
 1st session
 Female 2nd session
 Full Session (6 weeks)
Birth date _____ Age at Camp _____

~~Custodial parent/guardian _____
Home address _____
Home Phone _____
Business Address _____
Business phone _____
Cell phone _____
Second parent/guardian emergency contact _____
Home address _____
Home Phone _____
Business Address _____
Business phone _____
Cell phone _____~~

If not available in an emergency, notify:

Name _____ Relationship _____ Phone Number _____

Street, City, State, Zip code _____

Please note that the following boxes must be completed for attendance at camp. Attach photocopies of medical/hospital insurance coverage and prescription plan, if separate. FRONT and BACK of cards.

Insurance information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate the name of the carrier or plan name _____ Group number _____

Carrier address (street, city, state, zip code) _____

Name of insured _____ Relationship to participant _____

Social Security Number of the policy holder or insurance I.D. number _____
Does the above insurance cover prescription medications? yes no

If no, how do you normally pay for these medications?
 prescription plan name _____ Person insured _____ ID/policy number _____
 out of pocket

Permission to provide necessary treatment or emergency care:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests or treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside of camp.

Signature of parent/Guardian _____ witness _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.
Signature of minor camper _____ Date _____

If for religious reasons, you cannot sign this, contact the camp for a legal waiver that must be signed for attendance.