

# University of North Alabama Bands

## BAMM! Camp

June 13-15, 2022

### ADVANCE CONSENT FOR TREATMENT

This form must be completed and submitted for participation in BAMM! Camp. Please email completed forms to [unabands@una.edu](mailto:unabands@una.edu). This information will be treated in a confidential manner and utilized only in matters concerning the health and welfare of the person concerned.

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONES: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT): \_\_\_\_\_

EMERGENCY CONTACT PHONE(S): \_\_\_\_\_

MEDICAL INFORMATION INCLUDING CURRENT CONDITIONS (SUCH AS ALLERGIES, DIABETES, EPILEPSY, MENTAL CHALLENGES):

\_\_\_\_\_

PRIOR ILLNESSES OR SURGERIES: \_\_\_\_\_

PRESENT MEDICATION(S): \_\_\_\_\_

FAMILY PHYSICIAN CONTACT PHONE: \_\_\_\_\_

#### AUTHORIZATIONS FOR EMERGENCIES:

- A. Permission is granted for the camp director and chaperones to administer first aid, and to arrange transportation to a medical facility in case the person named is seriously ill or injured.
- B. I hereby release and discharge the camp director, faculty, Music Preservation Society, Inc, and volunteer chaperones from any and all liability in case of accident and other injury which might occur through administering first aid, and or arranging transportation to a medical facility.

NAME OF INSURANCE CARRIER: \_\_\_\_\_ POLICY GROUP: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_