

Chautauqua Music Camps Medical Form (Please bring to camp on the first day)

STUDENT'S NAME (please print) _____

In the event of an accident or medical emergency during this camp, please call parents/guardians in the following order at:

GUARDIAN NAME	RELATIONSHIP TO STUDENT	WORK PHONE	CELL PHONE	HOME PHONE

In the event I am unable to be reached by phone, I give permission for emergency medical treatment. (Hospital Treatment will be given at Westfield Memorial Hospital, 716-326-4921.)

During the camp, I give my permission for the following prescription or over-the-counter medication to be given to my son/daughter by a member of the camp staff under these written guidelines only:

(NOTE: Parental permission is required for the camp staff to be able to administer any medication— EVEN ASPRIN! Please place all medication in a zip lock storage bag with your child's name clearly labeled. Bags will be collected at camp check-in and returned Friday afternoon or destroyed if left.)

Please list any food or drug allergies your son/daughter may have or any other medical concerns that you feel the camp staff should be aware of. (Use reverse if more space is needed.)

PARENT/GUARDIAN SIGNATURE _____

ATTACH A COPY OF MEDICAL INSURANCE CARD HERE: