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:

<table>
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<tr>
<th>GUARDIAN NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>WORK PHONE</th>
<th>CELL PHONE</th>
<th>HOME PHONE</th>
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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: