

California State University San Bernardino
Orchestra, Piano, & Chamber Music Camp



Medical History, Instructions & Consent 2022

STUDENT CONTACT INFORMATION

Student's Full Name _____

Current Grade in School _____ Current Age _____

Address _____

Cell Phone _____ Email _____

PRIMARY PARENT/GUARDIAN CONTACT INFORMATION

Parent or Guardian Name _____

Address _____

Cell Phone _____ Emergency Phone _____

INSURANCE INFORMATION

Does student have medical insurance through his/her parents? Yes No

If yes, please indicate the name of the insurance company _____

Policy Number _____

***Please attach a copy (FRONT AND BACK) of the student's insurance card to this form**

MEDICAL INFORMATION:

Has your child had a tetanus shot current to within six (6) years? Yes No

Does your child have any of the following medical conditions? :

Diabetes Orthopedic Problems Asthma Epilepsy Cardiac Problems

Other (Specify) _____

Is your child allergic to any of the following? :

Aspirin Penicillin Sulfa Insect Stings Iodine-based Products

Other Medications (Specify) _____

Does your child take any medications on a daily basis? : Yes No

If yes, please list: _____

Do you know of any health factor(s) that make it advisable for your child to follow a limited program of physical activity or from participating in any of the camp activities? :

Yes No

If yes, please explain on a separate sheet of paper (may use the back of this form). Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or other physical conditions.

Permission to Administer Common Medications: It is unlikely that your son or daughter will become ill or injured at camp. By far, the heaviest medical complaints our students suffer from are common, minor ailments such as headache, stomachache, fatigue, etc. In the vast majority of cases, students suffering from these ailments are familiar with the symptoms, and if at home, they would normally self-administer common household medications, or simply rest. If you feel comfortable with having camp staff members administer individual doses of some common household medications of your son or daughter, we would appreciate having your direction in this matter.

Please initial as appropriate below. Please note that if we determine that a student is experiencing symptoms unusual for the child, or any strong symptoms, we will seek medical advice and contact you.

Medication Camp Staff MAY Administer MAY NOT Administer

- Acetaminophen (e.g., Tylenol)
- Ibuprofen (e.g., Advil, Motrin)
- Antacid (e.g., Pepto-Bismol, Tums)
- Anti-diarrheal (e.g., Immodium)
- Topical 1% Hydrocortisone Cream
- Oral Anti-histamine (e.g., Benadryl, Claritin)
- Aspirin

Others We May Administer (please list):

Please indicate any restrictions to the above, or any other restrictions you wish to state:

PARENT/GUARDIAN AUTHORIZATION: This health history is correct to the best of my knowledge and the student heroine described has permission to engage in activities, unless otherwise noted by me. I give permission to the Camp Staff, or other facility to hospitalize and to secure proper treatment for my child as named above.

Signature of Parent or Legal Guardian

Date