

DRURY JAZZ CAMP

HEALTH INVENTORY

NAME _____ Male _____ Female _____ Birthdate _____

Date of last physical exam _____ Date of last tetanus booster _____

Doctor's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

DO YOU HAVE:

Allergies?	___ No ___ Yes	Specify _____
Asthma?	___ No ___ Yes	Specify _____
Bee Sting Allergy?	___ No ___ Yes	Specify _____
Diabetes?	___ No ___ Yes	Takes Insulin? ___ No ___ Yes
Ear Infections?	___ No ___ Yes	Specify _____
Epilepsy/Seizures?	___ No ___ Yes	Specify _____
Heart Condition?	___ No ___ Yes	Specify _____
Orthopedic Problem?	___ No ___ Yes	Specify _____
Other Problems?	___ No ___ Yes	Specify _____

HAVE YOU HAD:

Serious Illness?	___ No ___ Yes	Specify _____
Serious Injury?	___ No ___ Yes	Specify _____
Surgery?	___ No ___ Yes	Specify _____
Childhood Diseases?	___ No ___ Yes	Specify _____

DO YOU:

Take daily medication?	___ No ___ Yes	Specify _____
Take emergency medication	___ No ___ Yes	Specify _____

Have permission to take, if needed: _____ Tylenol _____ Pepto-Bismal

Parent Signature _____ Date _____

(Over)

REQUIRED INSURANCE VERIFICATION:

_____ is covered by a health and accident policy (medical)
(student's name)

Policy Number _____ Insurance Company _____

EMERGENCY TELEPHONE NUMBERS:

Parent's Name _____

Home Phone Number _____ Business Phone Number _____

Person other than parents who can be contacted in case of emergency when parents are not available.

Name _____

Home Phone Number _____ Business Phone Number _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event that (I) (we) cannot be reached to give (my) (our) consent, (I)(we) the undersigned parent(s) of _____, a minor, hereby authorize DRURY JAZZ CAMP to consent for (me) (us) to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period (student=s name) _____ is enrolled in the DRURY JAZZ CAMP program.

It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of DRURY JAZZ CAMP to give specific consent to the diagnosis, treatment or hospital care which, in the best judgment of a licensed physician is deemed advisable.

It is further understood that provisions of this agreement are to be used only in the event of medical emergency to preserve the immediate well being of the named student. Any and all expenses incurred as a result of use of these provisions will be the responsibility of the undersigned individual(s).

_____ Date _____
Father's Signature

_____ Date _____
Mother's Signature

_____ Date _____
Legal Guardian's Signature

Fax Number: 873-7898