



Music Camp

August 11-16, 2024

Activities and Medical Treatment Authorization Form

Student Name: _____ Date of Birth: _____

Ensemble: _____ Grade: _____

Address: _____

Home Telephone Number: _____

Parent/Guardian Name: _____

Cell #: _____ Work #: _____

Emergency contact: _____ Telephone #: _____

Family Doctor - Name: _____

Telephone number: _____

Name of Medical Insurance: _____

Policy Number: _____

Current Medications: _____

Allergies: _____

Treatments: _____

Date of Last Tetanus Shot: _____

Pertinent Medical History:

ALLERGIES: include medications, food, insects and environmental allergens. Include how allergy manifests.

In the event that I cannot be reached, I hereby authorize by my signature below any Norwood High School chaperone to secure appropriate treatment, and undertake any other procedure, which in his / her opinion, is reasonably necessary in light of the condition of the named student. The undersigning parent /guardian acknowledges reading the above, understanding its contents, and agreeing to its terms and conditions.

Signature of Parent or Guardian: _____ ***Date:*** _____

****Please attach a copy of health insurance card (front & back).***

Please attach student photo:

Insurance card: Front

Insurance card: Back