

STUDENT NAME: \_\_\_\_\_

**2009 VCU & RICHMOND SYMPHONY  
ORCHESTRA PROJECT  
MEDICAL INFORMATION/RELEASE FORM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

My child may be photographed for promotional materials for VCU & RSO: \_\_\_ Yes \_\_\_ No

**EMERGENCY CONTACT**

In Case of Emergency Notify (1): \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

In Case of Emergency Notify (2): \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

*Attach a copy of front/back of the insurance card in case medical attention is necessary.*

Policy Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Holder's Address (if different from above): \_\_\_\_\_

Insurance Company Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICATION**

Is the participant currently taking any medication?     Yes     No

*Please consider prescription drugs and over-the-counter medication that might be needed for headaches, cramps, insect bites, hay fever, etc.*

Name of Medication 1 \_\_\_\_\_

Reason taken \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency of Dosage \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_

Reason taken \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency of Dosage \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_

Reason taken \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency of Dosage \_\_\_\_\_

*All medication(s) will need to be given to the Camp Directors to store during camp. The student is*

*responsible for locating the Camp Directors when they need to take their medication.*

**ALLERGIES/MEDICAL HISTORY**

Does the participant have allergies to food, medication, insect bites, plants, or anything else about which we should be informed?       Yes       No

If YES, please describe below: (Does the student carry an inhaler or an epi-pen at all times?)

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Does the participant have any or a history of medical/emotional problems (i.e., asthma, eating disorders, anxiety disorders, mononucleosis, anemia, heart disease, diabetes, depression, etc.) of which we should be aware?    Yes       No

If YES, please describe below:

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IMMUNIZATIONS (List dates if known): Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

I give permission for, \_\_\_\_\_ (Participant's Name), to receive medical and emergency care while at Virginia Commonwealth University Summer String Camp and for a physician or other appropriate medical personnel to treat my child in a manner he/she thinks appropriate, in case of a medical emergency and/or a problem. I authorize the nurse on duty or the chaperone (adult) to administer properly labeled over-the-counter medications that I may designate in writing. Further, I permit my son/daughter to self-administer prescribed medications listed on previous pages of this medical information form. I agree that all medications shall be in original containers, and I waive the right to seek damages against the nurse or the chaperone administering such medication. I understand that I am responsible for the payment of all medical and emergency services rendered to my child.

I certify that the above information is complete and accurate to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

**Please attach (Resident Campers ONLY):**

- A photocopy of the front and back of your insurance card for the health policy (policies) that cover(s) your child. Many health care providers require that the card be presented before care will be provided.