

INTERNATIONAL MUSIC CAMP

Health History Form for Youth and Adults attending Camp

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. **However, students who do not have this form on file upon their arrival at camp will not be allowed to stay or participate in the camp programs.**

Last Name _____ First _____ Male/Female _____ Age _____
 (Please print legibly)

Address _____ Home Phone _____ Cell Phone _____

City _____ ST/Prov. _____ Work Phone _____

PC/Zip _____ Country _____ Birth Date _____

Name of Custodial Parent(s) _____ Phone Number _____
 (if different from above)

Address of Custodial Parent if different from above _____

Emergency Contact Person (other than parent) _____ Emergency Phone _____

Name and Telephone Number of Physician or Health Care Facility _____

US STUDENTS:

Is camper covered by medical insurance? (Y/N) _____ If so, please complete information below.

Insurance Company _____ Plan# _____ Group# _____

Address of Insurance Co. _____

Name of Person with Insurance _____

CANADIAN STUDENTS:

A photocopy of the health insurance card must be attached to this form.

Manitoba Health Family # _____ Personal # _____

Other Insurance (Blue Cross Blue Shield) _____

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director to order x-rays and routine tests, to authorize treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also understand that the International Music Camp provides only first aid treatment on site. *This completed form may be photocopied for trips out of camp.* (Any religious objections to medical treatment must be written out, signed and attached to this form.)

X Signature of Parent/Guardian or Adult Camper _____

ZERO TOLERANCE POLICY: I accept the responsibility of adhering to the rules and regulations of the INTERNATIONAL MUSIC CAMP. I further understand that the IMC follows a "Zero Tolerance" policy with regard to alcohol, drugs, tobacco or disruptive behavior. I understand that failure to abide by the rules and regulations will result in dismissal with no refund.

X Signature of Camper _____

X Signature of Parent/Guardian or Adult Camper _____

MAIL COMPLETED FORM TO THE ADDRESS BELOW

This completed, signed form must be on file in order to attend camp! We do not keep forms from one year to the next.

Sept. – May
International Music Camp
 111-11th Ave SW
 Minot, ND 58701



June – July
International Music Camp
 10834 Peace Garden Dr
 Dunseith, ND 58329

Camper Name _____

Dates Attending Camp _____

**Check. Give approximate dates (if appropriate).
HEALTH HISTORY/PAST MEDICAL TREATMENTS**

Please record the date (month & year) of basic immunizations and/or most recent booster shots

Vaccines	Month & Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus	
Oral Polio (Sabin) TOPV	
Measles, Mumps, Rubella	
Hepatitis	

- _____ Frequent Ear Infections
- _____ Mononucleosis
- _____ Heart Defect/Disease
- _____ Measles
- _____ Convulsions (seizures)
- _____ Mumps
- _____ Diabetes
- _____ Chicken Pox
- _____ Bleeding/Clotting Disorders
- _____ Hepatitis A, B, or C (please specify)
- _____ Hypertension
- _____ Asthma
- _____ Depression
- _____ ADD/ADHD
- _____ Tuberculosis
- _____ Eating Disorder
- _____ Other (please specify)

ALLERGIES

- _____ Hay Fever
- _____ Ivy Poisoning
- _____ Insect Stings

Drugs _____

Food _____

Describe allergic reaction & management of the reaction(s) _____

Operations or serious injuries (dates)

1. Recent illness, injury, disability, or communicable disease _____
2. Chronic or recurring illness or medical condition _____
3. Please list all medications brought to camp, including over-the-counter drugs taken routinely. **Be sure to bring enough medication to last the entire time at camp.** (Attach separate sheet if necessary)
 1. _____ Dosage _____ Specific times taken each day _____
 2. _____ Dosage _____ Specific times taken each day _____
 3. _____ Dosage _____ Specific times taken each day _____
 4. _____ Dosage _____ Specific times taken each day _____
 5. _____ Dosage _____ Specific times taken each day _____
4. Please list any current or on-going treatments _____
5. Activities encouraged or limited by physician. _____
6. Dietary restrictions including food allergies _____
7. Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

For Office Use Only:
Screening Completed _____ (initial)
Medications Collected _____ (initial)