



INTERNATIONAL MUSIC CAMP Health Form 2018

Camper Name _____
First Last

Dates at Camp _____ to _____

Female Male

Birth Date _____
Month/Day/Year

Language spoken at home _____

CAMPER NAME _____

DORM _____

SESSION(S) _____

Parent(s)/Guardian(s) or Adult Campers: Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2, and 3 of this Health Form and make a copy for your own records.
- 2) Review page 4 **with** your camper. Sign ALL appropriate blanks.
- 3) Mail or email the original, signed Health Form to camp at least 2 weeks before the camp session starts.
Mail: Before May 18: 111-11th Ave SW #3, Minot, ND 58701 **After May 18:** 10834 Peace Garden Dr, Dunseith, ND 58329
Email: Scan and Send (no pictures please) to: info@internationalmusiccamp.com
- 4) An updated 2018 Health Form is **required** to attend the INTERNATIONAL MUSIC CAMP.

CAMPER INFORMATION: (Please Print Legibly)

Primary Address _____
 City _____ ST/Prov. _____ Zip/PC _____
 Country _____

PARENT/GUARDIAN 1: (Name)

Primary Phone _____ Other Phone _____ Work Phone _____
 Address (If different from camper) _____
 City _____ ST/Prov. _____ Zip/PC _____
 Country _____

PARENT/GUARDIAN 2: (Name)

Primary Phone _____ Other Phone _____ Work Phone _____
 Address (If different from camper) _____
 City _____ ST/Prov. _____ Zip/PC _____
 Country _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Emergency Contact Person _____ Emergency Phone _____

PHYSICAL RESTRICTIONS:

- I have reviewed the activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the activities of the camp and feel the camper can participate with the following restrictions or adaptations:

DIET, NUTRITION:

- Camper eats a regular diet.
 Camper eats a vegetarian diet (**please describe**)
 Camper has specialized food needs (**please describe**)

ALLERGIES:

- No Known Allergies
 Camper is Allergic to: Food(s)
 Medicine(s)
 Environmental (pollens, molds, insect stings, hay fever, etc.)
 Other

Please describe allergies and the reaction seen: **Epi-pen users - Please bring at least 2 Epi-pens to camp**

CAMPER NAME _____

IMMUNIZATION HISTORY:

Immunizations are encouraged but not required by IMC. Please provide the month and year for each immunization. Copies of Immunization forms from health-care providers or state or local governments are acceptable; please attach to this form.

Vaccine	Month & Year of Last Booster	Has the camper had a Tuberculosis (TB) Test*? Yes / No If so, when was the test _____
Diphtheria Pertussis (whooping cough) Tetanus		What were the results Positive / Negative *Not required to attend IMC.
Polio (IPV or OPV)		Has the camper had Chicken Pox Yes / No
Measles, Mumps, Rubella		If so, When? _____
Hepatitis A & B		

MEDICATIONS: Please List ALL medications brought to camp below.

Medication is any substance a person takes to maintain and/or improve their health.

This includes prescriptions, over-the-counter medications, vitamins, and natural remedies.

All prescription medications must be in the original container with prescription label or doctors note.

Remember to bring enough medication for the entire time at camp.

Name of Medication	Date Started (if applicable)	Reason for Taking	When it is given	Amount or Dose given	How it is given

The following non-prescription medications may be stocked in the camp health center and are used on an as needed basis to manage illness or injury. ***Cross out any the camper should NOT be given.***

Acetaminophen (Tylenol)	Calamine Lotion	Bismuth subsalicylate (Pepto-Bismol)
Ibuprofen (Advil, Motrin)	Laxatives for constipation (Ex-Lax or Senokot)	ATC eye drops (Visine)
Phenylephrine Decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)	Hydrocortisone cream
Antihistamine/Allergy Medicine	Generic Cough Drops/ Cough Syrup	Antiseptic ointment
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Antibiotic ointment	Anti-fungal ointment
Sore throat spray/lozenges	Aloe/Sunburn gel	Tums

GENERAL HEALTH HISTORY: Circle "Yes" or "No" for each statement. Explain "Yes" in the space below.

Has/does the camper...

- | | |
|--|--|
| 1. Ever been hospitalized Yes / No | 15. Ever had back/joint problems Yes / No |
| 2. Ever had surgery Yes / No | 16. Have a history of bedwetting Yes / No |
| 3. Have a recurrent/chronic medical condition Yes / No | 17. Have problems with diarrhea/constipation Yes / No |
| 4. Had a recent illness or communicable disease Yes / No | 18. Have any skin problems Yes / No |
| 5. Had a recent injury..... Yes / No | 19. Traveled outside the USA/Canada in the past 9 months
..... Yes / No |
| 6. Have a disability Yes / No | 20. Have a bleeding/clotting disorder Yes / No |
| 7. Have diabetes Yes / No | 21. Have a heart defect/disease Yes / No |
| 8. Have a history of seizures Yes / No | 22. Have or have had Hepatitis A, B, or C (please specify)
..... Yes / No |
| 9. Have chronic headaches Yes / No | 23. Have hypertension Yes / No |
| 10. Wear glasses, contacts, or protective eyewear Yes / No | 24. Had mononucleosis (Mono) in the last 12 months
..... Yes / No |
| 11. Had fainting or dizziness Yes / No | 25. If female, had problems with periods/menstruation
..... Yes / No |
| 12. Have asthma/wheezing/shortness of breath..... Yes / No | |
| 13. Passed out or had chest pain during exercise Yes / No | |
| 14. Have problems falling asleep/sleepwalking..... Yes / No | |

Please explain "Yes" answers in the space below, noting the number of the questions. Please list any current or on-going treatments. If travel outside the US/Canada, please name countries visited and dates of travel.

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Circle "Yes" or "No" for each statement

Has the camper...

- Ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD) Yes / No
- Ever been treated for emotional or behavioral difficulties, depression and/or an eating disorder Yes / No
- During the last 12 months, seen a professional to address mental/emotional health concerns Yes / No
- Had a significant life event that continues to affect the campers life Yes / No
(history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

Please explain "yes" answers in the space below, noting the number of the questions. Please explain any current or on-going treatments. IMC staff may contact you for additional information.

What have we forgotten to ask? Please provide any additional information about the campers health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Name of Primary Doctor(s): _____ Phone (____) _____

Name of Dentist(s): _____ Phone (____) _____

Name of Orthodontist(s): _____ Phone (____) _____

CAMPER NAME

US STUDENTS: A photocopy of the health insurance card (if applicable) must be attached to this form.

Is camper covered by medical insurance? YES / NO 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 EMERGENCY TREATMENT: I hereby give permission to the medical personnel selected by the Camp Directors 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 whom this health form is for. I also understand that the International Music Camp provides only First Aid treatment on site. Any religious objections to medical treatment must be written out, signed, and attached to this form. *This completed form may be photocopied by the IMC office for camper trips out of camp.*

X Signature of Parent/Guardian or Adult Camper

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS: I hereby give permission to the medical personnel selected by the Camp Directors to treat and administer the over-the-counter medications listed on page 2, if deemed necessary.

X Signature of Parent/Guardian or Adult Camper

PHOTO AND VIDEO RELEASE: The INTERNATIONAL MUSIC CAMP will be taking photos and videos of campers throughout the summer. These photos and videos may be published on Facebook, Twitter, YouTube, the IMC website, IMC Promotional material, or other social media websites. Please mark **ONE** of the following options below.

I hereby grant the INTERNATIONAL MUSIC CAMP in the irrevocable and unrestricted right to use and publish photographs or other images of me/my child, or in which I/my child may be included (formal and informal), in any print, electronic, digital or other media; and to alter the same without restriction. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images. I irrevocably assign such images' rights and uses to the INTERNATIONAL MUSIC CAMP into perpetuity. I hereby release the INTERNATIONAL MUSIC CAMP and its legal representatives and assigns from all claims and liabilities relating to said images, as long as no personal information or name is attached to any Photo or Video of my child/myself.

I do not allow the INTERNATIONAL MUSIC CAMP the right to use or publish photographs or video of myself/my child in promotional materials on Facebook, Twitter, in YouTube videos or any other print, electronic, digital, or other media.

X Signature of Parent/Guardian or Adult Camper

ZERO TOLERANCE POLICY AND WAIVER: 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, illegal drugs, tobacco, marijuana, e-cigarettes, weapons, or disruptive behavior**. I understand that failure to abide by the rules and regulations will result in **dismissal with no refund**.

I hereby release the INTERNATIONAL MUSIC CAMP and its employees, from all claims resulting from illness, injuries, or other damage which may be sustained by the camper while at camp. This waiver of liability expressly includes transportation to, from, and/or in connection with the INTERNATIONAL MUSIC CAMP.

X Signature of Camper

X Signature of Parent/Guardian or Adult Camper