



INTERNATIONAL
MUSIC CAMP
Health Form
2021

Camper Name _____
First Last
 Dates at Camp _____ to _____
 Female Male
 Birth Date _____ Age at camp _____
Month/Day/Year
 Language spoken at home _____

CAMPER NAME _____

LOCATION _____

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

- 1) Complete pages 1, 2, 3, 5, and 6 of this Health Form and make a copy for your own records.
- 2) Review pages 4, 5, and 6 **with** your camper. Sign ALL appropriate blanks.
- 3) Mail or email the original, signed Health Form to the IMC office at least 2 weeks before the camp session starts.
Mail: 111-11th Ave SW #3, Minot, ND 58701
Email: Scan and Send (no pictures please) to: info@internationalmusiccamp.com
- 4) An updated 2021 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 _____ Relation to Camper _____
 Address (If different from camper) _____
 City _____ ST/Prov. _____ Zip/PC _____
 Country _____

PARENT/GUARDIAN 2 NAME: _____

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

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

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

Epi-pen users - Please bring at least 2 Epi-pens to camp.

Please describe allergies and the reaction seen:

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)		
Measles, Mumps, Rubella		Has the camper had Chicken Pox.....Yes / No 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)	Laxatives for constipation	ATC eye drops (Visine)
Ibuprofen (Advil, Motrin)	(Ex-Lax or Senokot)	Hydrocortisone cream
Phenylephrine Decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)	Antiseptic ointment
Antihistamine/Allergy Medicine	Generic Cough Drops	Anti-fungal ointment
Diphenhydramine antihistamine/ allergy medicine (Benadryl)	Cough Syrup	Tums
Sore throat spray/lozenges	Antibiotic ointment	Dimenhydrinate (Dramamine/Gravol)
Calamine Lotion	Aloe/Sunburn gel	
	Bismuth subsalicylate (Pepto-Bismol)	

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

Has/does the camper...

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

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...

1. Ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD).....Yes / No
2. Ever been treated for emotional or behavioral difficulties, depression and/or an eating disorderYes / No
3. During the last 12 months, seen a professional to address mental/emotional health concerns.....Yes / No
4. 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 camper's health that you think is 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 HEALTH CARE: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. 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 proper 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. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. This completed form may be photocopied by the IMC office for camper trips out of the camp's location.

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 live streaming the campers' final concert during IMC On the Road. These photos and videos may be published on Facebook, Twitter, YouTube, the IMC website, IMC Promotional material, or other social media websites. Please acknowledge the following and sign. No personal information will be attached to the photos and videos, and all shots will be of the entire group at a distance.

I understand the INTERNATIONAL MUSIC CAMP has 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 here by 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.

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 _____

COVID HEALTH FORM QUESTIONS:

1. Will the participant travel outside the US within 14 days of the start of camp?

Yes / No

2. Does the participant live in congregate housing (apartments, condos, dorms, shelters, transitional housing, etc.)?

Yes / No

3. Has the participant been tested for COVID-19 before?

Yes / No

If yes:

a. When was the most recent test date? _____

b. What was the most recent test result? Positive / Negative / Inconclusive

4. Has the participant been diagnosed with COVID-19 in the last 90 days?

Yes / No

If yes:

a. Date of diagnosis?: _____

b. Was the diagnosis confirmed with a COVID-19 Test? Yes / No

5. If the participant was diagnosed with COVID-19 in the last 6 months, have they visited with their doctor for a post-illness visit prior to returning to activities?

Yes / No

6. Has the participant been named a Close Contact to someone with COVID-19 in the last 90 days?

Yes / No

If yes:

a. Date quarantine ended/ends: _____

7. Has the participant had any other illness within the last 6 months?

Yes / No

If yes:

a. Name or type of illness and date: _____

8. Does the participant have any other condition that may mimic the symptoms of COVID-19?

Yes / No

a. If yes, Please explain:

9. Will the participant complete a COVID-19 vaccine series at least 14 days prior to arrival at camp?

Yes / No / Not Applicable

If yes, please attach a copy of the official COVID-19 vaccination card and fill out:

a. Vaccine Type and Date(s) received: _____

10. Please provide any additional information related to COVID-19 and the participant's health that you think is important or that may affect their ability to fully participate in the camp program. Attach additional information if needed.

CAMPER NAME _____

COVID HEALTH FORM QUESTIONS CONTINUED

11. If the participant has a medical diagnosis that is considered high risk or that could put them at increased risk of complications with COVID-19, please have them evaluated by their provider and send a note from your camper's doctor indicating that they are cleared to participate in camp.

12. As a participant, I agree to follow all COVID-19 related guidelines and standards as set by the International Music Camp. This includes wearing a standard face mask that covers both nose and mouth at all times. Instrument playing masks and bell covers are required for all woodwind and brass musicians.

I understand that at the time of programming, anyone that has COVID-19, is suspected of having COVID-19, or is a Close Contact to anyone that has COVID-19 will not be allowed to participate in IMC On the Road.

Signature (s) of Participant and Parent/Guardian that the COVID info has been reviewed and is correct.

X Signature of Participant: _____

X Signature of Parent/Guardian: _____

FYI - These are questions that will be asked at check-in on the first day of camp.

1. Any updates to contact information or health history?
2. Any updates to pages 5 & 6 of the Health Form?
3. You will be asked about current symptoms and state of health.
4. You will be asked these additional questions to help troubleshoot if the campers starts to display symptoms:
 - a. Has the participant remained masked and distanced from all individuals outside of their home or family unit?
 - b. Has the participant attended a gathering of more than 20 people (weddings, funerals, parties, etc.)?
 - c. Has the participant attended or participated in a group program (sporting event, after-school program, YMCA, etc.)?