



INTERNATIONAL
MUSIC CAMP
Health Form
2022

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

CAMPER NAME _____

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

- 1) Complete pages 1, 2, 3, and 4 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 15: 111-11th Ave SW #3, Minot, ND 58701 **After May 15:** 10834 Peace Garden Dr, Dunseith, ND 58329
Email: Scan and Send (no pictures please) to: info@internationalmusiccamp.com
- 4) An updated 2022 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:

Emergency Contact Person _____ Emergency Phone _____

DORM _____

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**)

SESSION(S) _____

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? _____
Diphtheria Pertussis (whooping cough) Tetanus		What were the results of the TB test?Positive / Negative *Not required to attend IMC. Has the camper had Chicken Pox and/or the Varicella vaccine?.. Yes / No If so, when? _____
Polio		Has the camper had COVID-19?..... Yes / No If so, when? _____
Menactra		Any other immunization information? _____ _____ _____
Measles, Mumps, Rubella		
Meningitis B		
Hepatitis A & B		*Additional questions regarding COVID-19 will be asked at check-in.

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...

- | | |
|---|--|
| 1. Ever been hospitalized Yes / No | 14. Have problems falling asleep/sleepwalking Yes / No |
| 2. Ever had surgery Yes / No | 15. Ever had back/joint problems Yes / No |
| 3. Have a recurrent/chronic medical condition..... Yes / No | 16. Have a history of bedwetting Yes / No |
| 4. Had a recent illness or communicable disease..... Yes / No | 17. Have problems with diarrhea/constipation Yes / No |
| 5. Had a recent injury Yes / No | 18. Have any skin problems Yes / No |
| 6. Have a disability Yes / No | 19. Traveled outside the USA/Canada in the past 9 months
..... Yes / No |
| 7. Have diabetes Yes / No | 20. Have a bleeding/clotting disorder..... Yes / No |
| 8. Have a history of seizures Yes / No | 21. Have a heart defect/disease..... Yes / No |
| 9. Have chronic headaches..... Yes / No | 22. Have or have had Hepatitis A, B, or C (please specify) ..Yes / No |
| 10. Wear glasses, contacts, or protective eyewear..... Yes / No | 23. Have hypertension.....Yes / No |
| 11. Had fainting or dizziness Yes / No | 24. Had mononucleosis (Mono) in the last 12 months.....Yes / No |
| 12. Have asthma/wheezing/shortness of breath Yes / No | 25. Had problems with periods/menstruation.....Yes / No |
| 13. Passed out or had chest pain during exercise..... 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 disorderYes / 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 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/my child's health record from providers who treat me/my child and these providers may talk with the program's staff about me/my child's health status. This completed form may be photocopied by the IMC office for camper trips out of the 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, Instagram, Twitter, YouTube, the IMC website, IMC Promotional material, or other social media websites. Please mark **ONE** of the following options below and sign.

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 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.

I do not allow the INTERNATIONAL MUSIC CAMP the right to use or publish photographs of myself/my child in promotional materials on Facebook, Instagram, Twitter, or any other print, electronic, digital, or other media. This does not apply to live-streamed final performances.

By signing I understand that the INTERNATIONAL MUSIC CAMP will be streaming some of the final performances and that those videos will be published on Facebook for a limited time. No personal information will be attached to the videos and shots will be of the entire group at a distance.

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.** Additionally, all campers & employees of the INTERNATIONAL MUSIC CAMP must follow COVID-19 policies as published on our website at the time of camp. <https://internationalmusiccamp.com/covid-19/>

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