

University of Arkansas - Fort Smith 2008 National Brass Academy

HEALTH FORM

Student Information

Student Name: _____ Date of Birth: ____/____/____ Age: ____ SSN: _____ Gender: M F

Address: _____
Street City State Zip

Emergency Contact Information

Please print all information clearly and accurately. This information will allow the Brass Academy staff to make contact with you or other persons in case of an emergency.

First Contact (Parent/Guardian)

Second Contact (Parent/Guardian)

Name: _____

Name: _____

Relationship to participant: _____

Relationship to participant: _____

Day/Cell Phone: (____) _____

Day/Cell Phone: (____) _____

Evening/Home Phone: (____) _____

Evening/Home Phone: (____) _____

3rd Contact (other than Parent/Guardian)

Additional Contacts (other than Parent/Guardian)

Name: _____

Name: _____

Relationship to participant: _____

Relationship to participant: _____

Day/Cell Phone: (____) _____

Day/Cell Phone: (____) _____

Evening/Home Phone: (____) _____

Evening/Home Phone: (____) _____

Student Medical Information

1. State any prescribed medications that the participant is currently taking:

2. State any allergies the participant has currently.

Food: _____ Medications: _____

3. Does the student use an inhaler? Yes _____ No _____

4. State any limitations the participant has physically.

5. Are there any special dietary needs that the Brass Seminar staff should know about the student?

___ Yes ___ No

If yes, please explain. _____

6. Is the student under doctor's care at the present time? Yes _____ No _____

If so, please explain the type of care and any other information the program may need to know at this time.

7. Name of student's Doctor: _____ Doctor Phone Number: _____

Is student covered by medical insurance? Yes ___ No ___ Insurance Company: _____

Policy Number: _____ Insurance Phone Number: (____) _____

Insurance Contact Address: _____

Street

City

State

Zip

Name and Phone Number of any additional specialists or physicians the program may have to contact in case of emergency.

Consent for Medication Administration & Medical Treatment

To Parent(s) or Legal Guardian(s):

If your son, daughter or ward will be under the age of 18 while attending the University of Arkansas-Fort Smith National Brass Academy, your consent must be secured for medication distribution. **The medication should be self-administered whenever possible. Brass Academy or University staff cannot administer the student's medication.**

All prescription medication must be in the **original medicine bottle** and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Only the amount of medication required by the student for the duration of the Brass Academy should be sent with the student.

Please complete all of the following items that apply:

_____ No medication will be brought to the camp.

_____ The student will take the following prescription medication(s) while at camp:

Medication name _____ Medical condition _____

Medication name _____ Medical condition _____

_____ The student will administer his/her own prescription medication while at the camp.

Permission to Render Aid and Indemnity

I do hereby authorize the medical examination and/or treatments deemed necessary by the attending physician for accidents or illnesses while participating in the University of Arkansas - Fort Smith National Brass Academy. I understand that I will be responsible for any costs not covered by insurance.

For and in consideration of the agreement of UA Fort Smith, the undersigned, for himself/herself, his/her heirs and assignees hereby releases and holds harmless the National Brass Academy faculty and staff, UA Fort Smith, its agents, servants and employees, including the Board of Visitors, from and against all actions, claims, damages, losses to include loss or theft cost and expenses incurred in connection with or arising out of the undersigned's use of equipment and facilities at UA Fort Smith, including but not limited to future negligence of UA Fort Smith, its agents, servants, and employees and its Board of Visitors

The undersigned acknowledges that the possibility exists that he/she could be injured by his/her use of the facilities and equipment or as a result of the use of the facilities and equipment by some third person, which injuries could result in physical injury or death to the undersigned. The undersigned assumes the risk of all injuries, including death, arising out of or any way connected with his/her use of the UA Fort Smith facilities and equipment.

This release is absolute, unconditional and binding upon the undersigned, his/her heirs and assignees.

Name of Student (print) _____

Student signature _____ Date _____

If under 18

Parent or Guardian's Name (print) _____

Parent or Guardian signature _____ Date _____

Office use only

Year Filed _____

Staff _____

Received _____