

Mailing Address:
School of the Arts
University of Nevada, Reno
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Reno, NV 89557-3048
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Lake Tahoe Music Camp

Submit completed form by mailing or faxing to our office.

HEALTH FORM

If all camper forms are not received within 10 business days of your registration, your registration will be canceled and your money will be refunded.

Camper: _____ (First Name) _____ (Last Name)

Date of Birth: ___/___/___ Age during camp: ___ Gender: _____ Camper Phone Number: (____) ____-____

Address: _____

Parent/Legal Guardian- Primary Contact

Name: _____ Relationship to Camper: _____

Phone Number: (____) ____-____ Email: _____

Address: _____

Parent/Legal Guardian- Secondary Contact

Name: _____ Relationship to Camper: _____

Phone Number: (____) ____-____ Email: _____

Address: _____

Additional Emergency Contacts: *At least one emergency contact is required*

Name: _____ Relationship to Camper: _____

Phone Number: (____) ____-____

Name: _____ Relationship to Camper: _____

Phone Number: (____) ____-____

Name: _____ Relationship to Camper: _____

Phone Number: (____) ____-____

Allergies

Below, list allergies and the reaction observed when exposed to the allergen. *If none, write N/A.*

Food Allergies: _____ Medication Allergies: _____

Environmental Allergies (insect stings, hay fever, etc.): _____

Other: _____

Please describe what the camper is allergic to: _____

How is the reaction resolved? _____

Does the camper carry an EpiPen? Yes No If yes, can the camper self-administer the EpiPen? Yes No

Diet/Nutrition

Check all that apply. *Please note: Vegetarian and Gluten Intolerant Campers should bring supplemental food options to camp that will be stored in the Director's Cabin.*

This camper eats a standard diet Vegetarian Lactose Intolerant Gluten Intolerant

Other, please specify: _____

Medical Insurance Information

Insurance carrier and policy number: _____

Policy Holder: _____ Preferred Hospital: _____

Camper's Primary Doctor: _____ Physician's Phone Number: (____) ____-____

Medical Conditions

Check all that apply.

 This camper does not have any medical conditions. Asthma Diabetes Seizures Chronic Headache/Migraine Other, Please Specify _____

What symptoms should we look for? _____

How is the condition treated/managed? _____

Medications Taken*“Medication” is any substance a person takes to maintain and/or improve their health. This includes over-the-counter & prescription medication and vitamins & natural remedies. All medications must be turned in to the Camp Director upon camp check-in.*

This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp:

Name of Medication*: _____

Medication Purpose: _____

Time administered: Breakfast Lunch Dinner Bedtime Other time: _____

Amount or dose given: _____

*If necessary, continue listing medications, on page 3

Camp MedicationsThe following non-prescription medications are stocked in the Camp Director’s Cabin and are available on an as needed basis to manage minor illness and injury. **Check all those the camper CAN be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine decongestant (Sudafed PE)
- Pseudoephedrine decongestant (Sudafed)
- Combination Cold Medication (Dayquil)- Acetaminophen (Tylenol), Dextromethorphan, and Pseudoephedrine
- Antihistamine/allergy medicine (Zyrtec and Claritan)
- Guaifenesin cough syrup (Robitussin)
- Diphenhydramine antihistamine/allergy medicine (Benadryl)
- Dextromethorphan cough syrup (Robitussin DM)
- Cough Drops
- Antibiotic cream (Neosporin)
- Hydrocortisone cream (anti-itch)
- Aloe
- Calamine Lotion
- Tums
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Is there anything else regarding the camper’s physical, mental, emotional, or medical health that we should be aware of?

I, the undersigned, agree to hold the School of the Arts at the University of Nevada, Reno and the directors of this program harmless from all suits, claims, or demands of every kind and character arising out of and in connection with the program provided by the School of the Arts at the University of Nevada, Reno. I further certify that the participant has no ailment or organic defect that would make participation in the activity dangerous to the health of the participant. I hereby authorize the camp staff to act on my behalf according to their best judgement in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for injuries incurred while at camp. I acknowledge that I have received a copy of the registration rules for this program and that I have read and understand these rules. I agree to the release of any records for treatment, referral, billing or insurance purposes.

Signature (Parent/Legal Guardian)_____
Date

Please complete, print and sign form to submit.

Medications Taken (Continued)

“Medication” is any substance a person takes to maintain and/or improve their health. This includes over-the-counter & prescription medication and vitamins & natural remedies. All medications must be turned in to the Camp Director upon camp check-in.

Name of Medication: _____
Medication Purpose: _____
Time administered: _ Breakfast _ Lunch _ Dinner _ Bedtime _ Other time: _____
Amount or dose given: _____

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