

Mailing Address:
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Lake Tahoe Music Camp

Page 1 of 3

HEALTH FORM

Camper forms are due within 10 business days of your online registration.

Camper Full Name: _____

Date of Birth: _____ Age at camp: _____ Gender: _____ Home Phone Number: _____

Address: _____

Parent/Legal Guardian - Primary Contact _____

Name: _____ Relationship to Camper: _____

Best Phone Number: _____ Email: _____

Address: _____

Parent/Legal Guardian - Secondary Contact _____

Name: _____ Relationship to Camper: _____

Best Phone Number: _____ Email: _____

Address: _____

Additional Emergency Contacts (at least one emergency contact is required) _____

Name: _____ Relationship to Camper: _____

Best Phone Number: _____

Name: _____ Relationship to Camper: _____

Best Phone Number: _____

Name: _____ Relationship to Camper: _____

Best Phone Number: _____

Allergies _____

List allergies and the reaction observed when exposed to the allergen. Write "None" if camper has no allergies.

Food Allergies: _____ Medication Allergies: _____

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

Other Allergies: _____

Please describe what the camper is allergic to: _____

How is the reaction resolved? _____

Does the camper carry an Epi-Pen? Yes ☐ No ☐ If yes, can the camper self-administer the Epi-Pen? Yes ☐ No ☐

Meal Choices _____

Check all that apply. *Campers with dietary restrictions are encouraged to bring supplemental food to camp that will be stored in the Director's cabin. Meal orders are placed based on your selection. No meal changes allowed at camp.*

☐ Camper eats a standard diet ☐ Vegetarian ☐ Lactose Intolerant ☐ Gluten Intolerant ☐ Vegan

☐ Other, please specify: _____

Medical Insurance (If camper does not have medical insurance, write "None" in the "Insurance Carrier" field.) _____

Insurance Carrier: _____ Policy Number: _____

Policy Holder: _____ Preferred Hospital: _____

Camper's Primary Doctor: _____ Physician's Phone Number: _____

Medical Conditions

Check all that apply.

- ☐ 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 Medications

The 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. Submit by mail or fax. See upper right corner of page 1.

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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