



**HPU**

# STUDENT MEDICAL RELEASE FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HIGH SCHOOL YOU ARE ATTENDING CAMP WITH: \_\_\_\_\_

BAND DIRECTOR: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ TEL: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TEL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY: \_\_\_\_\_

Do you have any special health information that Howard Payne University should be aware of? yes no

If so please explain \_\_\_\_\_

## MEDICAL HISTORY:

Immunizations

- Tetanus
- Polio Booster
- Measles Mumps

Other: \_\_\_\_\_

Health Conditions: (check all that apply and give brief explanation)

- Asthma \_\_\_\_\_
- Sinusitis \_\_\_\_\_
- Bronchitis \_\_\_\_\_
- Kidney trouble \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Heart trouble \_\_\_\_\_
- Dizziness \_\_\_\_\_
- Stomach upset \_\_\_\_\_
- Hay fever \_\_\_\_\_
- Other \_\_\_\_\_

Medications (and dosing info): \_\_\_\_\_

**ALLERGIES:** Food: \_\_\_\_\_

Penicillin or other drug (name): \_\_\_\_\_

Insect sting/bites: \_\_\_\_\_

Poison, oak, ivy: \_\_\_\_\_

Previous operations or serious illness: \_\_\_\_\_



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**MEDICAL RELEASE AND RELEASE OF LIABILITY:**

I, the undersigned parent or guardian of \_\_\_\_\_ (camper's name), hereinafter known as "Minor," do hereby give my permission for Minor to attend Howard Payne University Summer Camp, hereinafter known as "University."

In a medical emergency, I authorize \_\_\_\_\_ (Organization/Church name) and its adult sponsors to seek, provide, and/or sign for medical treatment as deemed necessary for Minor.

I agree to indemnify and hold harmless the University, its trustees, officers, faculty, employees, agents and/or representatives thereof, against any personal or bodily injury, death, property losses/damages, or expenses that may be incurred by Minor, including but not limited to, attorney's fees, by reason of the liability imposed by law upon the University, sustained by any person, persons, group or organization and/or on account of any damage of property arising out of or in consequence of this agreement during Minor's time at the University.

I assume all financial responsibility for all medical expenses, liability and losses relating to Minor's participation in Howard Payne University Summer Camp and/or the corresponding usage of the University's facilities and premises. I understand that my family insurance is primary and that no other insurance is provided for Minor.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Print full name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Supervisor's phone \_\_\_\_\_

**PHOTO RELEASE:**

I also give the "Band Leadership Camp" permission to use the electronic image of the student under my legal guardianship in its web-site information and in its camp collage to be posted on the band camp's website. I agree to indemnify and hold harmless Howard Payne University and the "Band Leadership Camp", any of their trustees, officers, faculty, employees, agents, and/or representatives thereof, from any liability related to the use of the electronic images as described above.

\_\_\_\_\_  
Name of Parent/Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Name of applicable student(s) (printed)

**PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL INSURANCE CARD OR, indicate no coverage here:**

"No Medical Insurance Coverage"

**MAIL FORMS to:**

HPU Band Leadership Camp  
1000 Fisk  
Brownwood, TX 76801