

# Student Medical Release Form

This Student Medical Release Form must be filled in by Parent/Guardian of the student attending Band Leadership Camp at Howard Payne University.

\* = Required Question

**Student's First Name: \***

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**Student's Last Name: \***

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**Date of Birth: \***

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**Street Address: \***

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**City: \***

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**State: \***

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**ZIP: \***

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**High School Student Is Attending Camp With: \***

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**Band Director's Name: \***

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**Emergency Contact: \***

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**Emergency Contact's Phone Number: \***

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**Physician's Name: \***

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**Physician's Phone Number: \***

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**Insurance Company: \***

Type in NA if you do not have insurance.

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**Policy: \***

Type in NA if you do not have one.

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**Parent/Guardian's Full Name: \***

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**Parent/Guardian's Home Phone Number:**

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**Parent/Guardian's Work Phone Number:**

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**Parent/Guardian's Cell Phone Number:**

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**Employer:**

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**Work Address:**

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**Supervisor's Name:**

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**Supervisor's Phone Number:**

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## Medical History

Please provide complete medical history of the student.

**Does the student have any special health information that Howard Payne University should be aware of? \***

(Circle ONE choice)

Yes

No

**If so explain:**

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**Immunizations:**

(Check ANY that apply)

Tetanus

Polio Booster

Measles Mumps

**Other Immunizations:**

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**Health Conditions: (check all that apply)**

(Check ANY that apply)

- |                                    |  |                                     |   |
|------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Sinusitis     | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Dizziness  | <input type="checkbox"/> Stomach Upset  |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other:        |                                     |   |

**Give brief explanations of health conditions checked above:**

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**Medications and Dosing Info:**

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**Food Allergies:**

Please list name of foods

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**Penicillin or Other Drug Allergies:**

Please list name of drugs

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**Insect Sting/Bites Allergies:**

Please list type of insects

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**Poison Oak, Ivy Allergies:**

Please list name of plants

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**Previous operations or serious illness:**

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## Medical Release and Release of Liability:

I, the undersigned parent or guardian of the student listed above 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 Howard Payne University 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 or Guardians Digital Signature for Medical Release: \***

\* Please type your name in the text box and click the check box to validate an electronic signature. By typing my name in the text box and checking this box, I am digitally signing this document.

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~~**Parent or Guardians Digital Signature Confirmation for Medical Release:**~~

~~I agree to the terms stated in this document and further certify that checking this box counts as an electronic signature. (Check ANY that apply)~~

~~I Agree~~

## 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.

### **Parent or Guardians Digital Signature for Photos: \***

\* Please type your name in the text box and click the check box to validate an electronic signature. By typing my name in the text box and checking this box, I am digitally signing this document.

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### **Parent or Guardians Digital Signature Confirmation for Photos:**

I agree to the terms stated in this document and further certify that checking this box counts as an electronic signature. (Check ANY that apply)

I Agree

## Swimming and Transportation Release of Liability:

I, as legal guardian of the participant named here, do understand and agree that I am assuming all risk of injury from participation of my student in swimming activities during the HPU Band Leadership Camp.

I understand that the risk of injury does exist while swimming and using slides, diving boards, and other related items and that other unforeseeable injuries may occur from these activities.

I hereby waive, release, and agree not to sue the Howard Payne University Band Camp, Howard Payne University, its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities.

I understand that swimming is a strenuous physical activity with some inherent dangers.

I voluntarily sign this waiver, release and agreement not to sue with full knowledge of the nature and extent of the risks inherent in the swimming activities at camp.

I further indemnify and save the Howard Payne University Band Camp, Howard Payne University, and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp.

I also understand that transportation will be provided to and from the swimming facility during the swimming activity scheduled during camp.

I also indemnify and save the Howard Payne University Band Camp, Howard Payne University, and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's use of the transportation provided to and from the swimming party during camp.

I further understand that the Howard Payne University Band Camp and Howard Payne University do not provide medical insurance coverage for the participant and any medical expense incurred will be paid by me or my insurance.

I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness or other situation that may require medical attention.

I understand that the registration fee is nonrefundable and nontransferable. I further understand that any Campers that do not comply with camp rules may be dismissed without refund. Any non-cooperative or non-compliant campers will also be subject to dismissal.

### **Parent or Guardians Digital Signature for Swimming and Transportation Release: \***

\* Please type your name in the text box and click the check box to validate an electronic signature. By typing my name in the text box and checking this box, I am digitally signing this document.

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