

Missouri State University
BANDS ALIVE 2009
Release Agreement

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (_____) _____

I hereby release Missouri State University and the Board of Governors of Missouri State University and all their employees and agents from all claims on account of any injuries which may be sustained by my son and/or daughter, while participating in activities with the BANDS ALIVE SUMMER CAMP, and its employees and agents for any claim which may hereafter be presented by my son and/or daughter, as a result of such injuries. I authorize and provide consent for licensed medical providers to administer any medical procedure or treatment, which may be deemed medically advisable by the attending physician, including diagnostic testing and examination, should my son and/or daughter become injured or sick while participating in activities with the BANDS ALIVE SUMMER CAMP.

Missouri State University does not provide accident or health insurance, and will not pay for any medical expenses incurred by my son and/or daughter. Participants are required to have medical insurance and provide the information below.

Parent/Legal Guardian Signature _____

Participant Health Insurance Provider _____

Participant Insurance Policy # _____

Participant Insurance Group # _____

Camper Birth Date _____ Camper Social Security # _____

Emergency Contact Information:

Name _____

Address _____ City _____ Zip _____

Phone # (_____) _____

Cell Phone # (_____) _____

(Continued on back...)

STUDENT HEALTH HISTORY

HEALTH HISTORY (please give dates where known):

Operation (within last year) _____

Emotional Problem (hyper ventilator, hysteria) _____

Serious Medical Problems _____

Rheumatic Fever _____

Diabetes _____

Epilepsy _____

Allergy _____

Tetanus (last injection) ___ / ___ / ___

Allergy to Drugs (specify i.e. penicillin, insulin, etc.) _____

Tranquilizers _____

Is child under medical treatment at present? (Reason) _____

Physician for the family

Telephone number of family physician () _____ - _____

Please return this form at the BANDS ALIVE CAMP registration!