

MJF Summer Jazz Camp Participant Medical Form 2019

(To be filled out by camp staff)

Instrument _____
Tqgo "& Counselor _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	If Yes, Please Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

MEDICATIONS

List **all** medications taking--prescription medications as well as **over-the-counter medications. Include inhalers and Epi-Pens, even if used only occasionally.** Use back side of form for additional space if necessary. Please be sure to bring medications in sufficient amounts in original containers. **All Medications should be sent in a Ziploc bag labeled with student name in sufficient quantities for the two week camp and will be kept with the counselor during camp.**

Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for Medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate Date Started _____ Reason for medication _____

In case of emergency involving the above participant, I understand that every effort will be made to contact the emergency contact(s) listed above. In the event that this person cannot be reached, permission is hereby given to MJF Summer Jazz Camp director, medical staff, and/or any health care provider to secure proper treatment, including hospitalization, surgery, or injections of medication needed for the above participant. Medical providers are authorized to disclose protected health information (PHI) including examination findings, test results, and treatment provided with camp staff for purposes of medical evaluation of the participant, follow-up and communication with the parent/guardian. I hereby release Monterey Jazz Festival from any and all claims or liability arising from participation in camp activities.

Parent/Guardian Signature _____

Date _____

Emergency contact No.:

Allergies:

DOB:

Full name: