STUDENT NAME: _______________________________          DATE: ____________
(printed)

Medical Treatment:

Prescriptions and/or over-the-counter medications that are permitted include:

Allergies include:

In the event of a medical emergency, an employee of the UTSA Camp staff has my permission to seek medical treatment for my child. In an emergency, please call me immediately at: (______) _______.

Other information about my child’s health that would be useful in an emergency situation includes:

NOTE ABOUT INSURANCE AND HEALTH CARE
Parents should provide health insurance documentation for campers to keep with them during their time at camp. If any camper is seriously ill or injured, he/she will be accompanied to the closest off-campus medical facility by licensed emergency medical technicians. Medical costs incurred for treatment will be the responsibility of the parents or guardian of the individual treated. Individuals with life-threatening conditions will be taken directly to a hospital emergency room. Parental notification of minor injuries and illnesses is left to the discretion of the camper. Please discuss with your child your expectations regarding communication of such information. UTSA Summer Music Institute cannot be responsible for or held liable for the administration of medication to campers. The camper must be able to self-administer his/her own medication. Questions about medical related issues should be addressed to the Camp Director.

Photo Release Agreement:

I hereby grant UTSA Summer Music Institute permission to use the likeness of my child, in any and all of its publications, including websites. (We will not publish your child’s first or last name, address, phone numbers, or other information protected by federal regulations.) I understand that any and all of these likenesses will become the property of the UTSA Summer Music Institute. I hereby authorize UTSA Summer Music Institute to exhibit or publish any likenesses for the purpose of publicizing any and all Camp activities or any other lawful purpose. I hereby release the University, its governing body, employees, and representatives from any responsibility from all claims, demands, and causes of action which I, my heirs, representatives, executors, or any other person or persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Parent’s Name (Printed): _______________________________________________

Parent’s Name (Signed): __________________________________________________

Emergency Contact Number: _____________________________________________