

The North Shore Summer Music Experience  
Jr. High and High School Music Camps  
June 21–25, 2021

University of Minnesota Duluth  
Department of Music  
College of Liberal Arts



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**Medical Record Form**

The information requested below must be completed and returned to us by registration day on Monday, June 21, 2021. Please complete parts I and II and have your physician complete part III (if applicable). Please note the statement in bold print located in part II regarding charges for medical services.

**Part I - Medical Insurance Information**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Insurance Provider's Address \_\_\_\_\_

Street

City

State

Zip

Policy or Group Number \_\_\_\_\_

Insurance Subscriber's Name (parent/guardian) \_\_\_\_\_

**Part II - Authorization for Medical Treatment**

I authorize the NSSME Camp to proceed with emergency medical treatments, x-rays, anesthesia, surgical operations, etc., in the case of an accident or health emergency involving my child, knowing that the camp director will contact the parents or designated persons as soon as possible. **I further understand that all necessary treatment shall be at my expense if the cost of treatment is not covered by the insurance company listed in part I of this form.**

Signature of Parent/Guardian \_\_\_\_\_

Person(s) to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Evening Telephone # \_\_\_\_\_

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**Part III - Physician Statement**

To be completed by your physician if the camper is receiving on-going medical care for medications, allergies, disabilities/limitations, or any other condition requiring a physician's care.

UMD Health Services will be available for daytime health care, and local hospitals are within three miles of campus for emergency services. No medical supervision will be provided for medical disbursement. Knowing that, this certifies that \_\_\_\_\_ has no medical condition that would preclude participation in group living and recreation activities at the North Shore Summer Music Experience at the University of Minnesota Duluth.

Please listed on the back of this form or attached on a separate sheet, any medical conditions that the camp staff should be aware of, including prescribed medications and instructions for same.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please return this completed form to;*

*Dr. Mark Whitlock  
NSSME Camp Director  
University of Minnesota Duluth  
31 W. College St  
Chester Park Bldg #206  
Duluth, MN 55812*

**DEPARTMENT of MUSIC**  
**UNIVERSITY OF MINNESOTA DULUTH**  
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*\*You may bring this completed form to camp registration day on Monday, June 21st.*