

The North Shore Summer Music Experience
Jr. High and High School Music Camps

University of Minnesota Duluth
Department of Music
CAHSS



Medical Record Form

The information requested below must be completed and returned to us by registration day on Sunday, June 25, 2023. 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;*

*Dee Charles
NSSME Camp Administrator
University of Minnesota Duluth
Department of Music
Humanities 212
1201 Ordean Court
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 Sunday, June 25, 2023*