

MEREDITH COLLEGE
STUDENT HEALTH/INSTRUMENTAL DAMAGE INFORMATION FORM
LAMAR STRINGFIELD CHAMBER MUSIC CAMP

Student Name _____

Address _____

_____ City _____ Zip _____

Parent Name _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Meredith College adult in charge to secure proper emergency treatment for my child as named above.

Ordinarily I can be reached at Day Phone #: _____ or cell: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____ Relationship: _____

Day Phone: _____ or cell: _____

I understand that my signature below authorizes the camp director or a responsible camp instructor to secure proper medical treatment for my child named above if necessary.

I also release Meredith College and its instructors from any liability for personal injury or damage to his/her instrument, due to any improper actions by my child while on the campus of Meredith College.

Parent Signature: _____

Date: _____

Insurance Company: _____

Policy Number: _____

Local Doctor: _____ Phone: _____

List any known prescription drugs to which your child is allergic: _____

Please list any prescribed medication which the student will be taking (or carrying with him/her while attending this program.

Are there any known medical problems of which we should be aware? If so, please describe type of problem on back of this page.

Return form to: Margaret Garriss
Lamar Stringfield Chamber Music Camp
Meredith College
3800 Hillsborough Street
Raleigh, North Carolina 27607-5298

