

MAINE JAZZ CAMP HEALTH FORM

Name: _____ Date of Birth: _____

Street: _____

Town _____ State _____

Parent or guardian _____

Address if different from above _____

Daytime telephone _____ Eve/night tel _____

Contact person other than parent/guardian if unable to reach:

Name _____

Dates of Covid 19 vaccinations _____

Date of last tetanus booster _____

What medical history do you wish the camp to be aware of? Please list any allergies

List present medications the camper will be taking. Each camper will be responsible for his/her own medications

Medical insurance is not provided by the camp and therefore any emergency medical treatment will be the responsibility of the camper. Please provide medical insurance information if available:

Company _____ Policy No. _____

Name of Primary Care physician _____ Tel No. _____

I hereby authorize Maine Jazz Camp or any of its representatives to seek medical care for this camper in case of an emergency. I understand that the camp will try its best to notify the parent or guardian in the case of any medical emergency

Date _____ Signature _____

