

**Southeastern Music Celebration
Medical Consent Form
(Please print and sign)**

TO THE PARENT/GUARDIAN: A medical consent form is required of students attending the festival. The purpose of this form is to provide Health Service physicians and nurses with information about a student's health should he or she become ill while attending the festival. This information is completely confidential and is reviewed only by Health Service professionals.

Student's Name: _____

Home Address: _____

Sex: _____ Birth Date: _____

In case of emergency, notify:

Name: _____

Relationship to Student: _____

Home Phone No: _____ Work: _____ Cell: _____

Are you covered by hospitalization and accident insurance? _____

I understand that I am responsible for personal expenses not provided by the University Health Center; however, I do grant permission to the University Health Center Physicians and Nurses to render emergency treatment or other medical care that might be deemed necessary to my health and well-being; also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

Student's Name: _____

Parent's or Guardian's Signature: _____

Write yes or no to the following statements. For "yes" answers, indicate the question number and give a brief statement

of problem or condition in "Remarks."

Any physical handicaps that may cause difficulty in performance of normal Activity; e.g., blindness, hearing loss, difficulty in walking, speech defects, Missing limbs, paralysis, etc. _____

Taking any prescribed medication. Please specify. _____

Drug allergies or others. Please specify. _____

Asthmas, sinusitis, cough, or frequent sore throats or ear infections. _____

Shortness of breath after mild exertion. _____

Diabetes _____

Epilepsy, fainting spells, or recurrent severe headaches. _____

(Female only) Abnormal or irregular menstrual period. _____

Bleed excessively after injury or tooth extraction _____

Immunization status:

Tetanus _____

Small pox _____

Polio _____

Typhoid fever _____

Measles _____

German measles _____

Remarks: _____
