



300 S. 18th Street
 Estherville, IA 51334
 712-362-7962
 cayres@iowalakes.edu
 www.iowalakes.edu/music

Avera Holy Family Hospital
 826 N. 8th Steet
 Estherville, IA 51334
 712-362-2631
 www.averaholyfamily.org

Camper Health History and Authorization Form

Name of Camper _____
 Date of Birth _____ Sex Male Female Grade Completed _____
 Custodial Parent/Guardian _____
 Address, City, State, Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Employer _____
 Employer Address _____
 Other Legal Parent/Guardian _____
 Address, City, State Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Employer _____
 Employer Address _____
 Emergency Contact (someone other than parent/guardian who is NOT listed above. In the event of an emergency, we will make every effort to contact the Parent/Guardian first. However, in the event the parent/guardian cannot be reached, we will contact the person you have listed.)
 Name _____ Phone Number _____
 Relationship to camper _____

Is Camper covered by Health Insurance? Yes No
 • **If yes, Please attach a copy of the front and back of the card to this form!**
 If yes, do you have Title XIX Medicaid Medipass
 Is this coverage through: Group/Father Employer Group/Mother Employer
 Individual Policy Other _____
 Policy Number _____ Group Number _____
 Insurance Company _____
 Address _____
 Policy Owner _____
 SS# of Policy Holder _____ SS# of Camper _____
 Birthdate of Policy Holder _____

Diseases or Health Concerns:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Migraines
<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Braces
<input type="checkbox"/> Asthma	<input type="checkbox"/> Behavior	<input type="checkbox"/> Heart
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Seizures/convulsions	<input type="checkbox"/> Fainting
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Eczema
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hives
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> ADHD
<input type="checkbox"/> Stomach upsets	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cramps
<input type="checkbox"/> Homesickness	<input type="checkbox"/> Cold/Pneumonia	<input type="checkbox"/> Other

Allergies (Please List and specify) _____
 Medication and drug allergies. Please list and specify _____

Doctor's Name _____

Phone _____

Address _____

Are Camper's immunizations current? Yes No

DPT Series Booster Tetanus Booster

Polio OPV(Sabin) Booster Tuberculin Test

MMR Other (please list) _____

Please list any dietary restrictions or food allergies: _____

Will your child have difficulties participating in any activities? yes no If yes, please explain: _____

Do you have disability-related accommodation needs? yes no If yes, please call Linda Helmers at 1-800-242-5106 ext. 364 for specific requests.

To Parents/Guardians: The law requires that before medical services can be administered to a person less than 21 years of age; permission of the parent/guardian must be secured. In the event of serious illness or accident, every effort will be made to contact parent(s)/guardian(s). However, in the event that delay in medical or surgical treatment might be detrimental to the health of the student, your authorization for consultation and treatment by physicians is requested.

This form authorizes the Director of the Jazz Camp or any staff member to carry out the following action regarding the medical care of _____.

This authorization shall extend to any time when said child is enrolled in Jazz Camp.

1. I authorized Jazz Camp to use local and/or out-of-town hospitals and clinics for the treatment of an illness or an accident. I further authorize Jazz Camp to select a qualified licensed physician or surgeon for necessary emergency treatment when required.

2. I authorize the Jazz Camp Director and staff members to render such information as required by hospital admission rules and to sign, as a competent adult, forms permitting examination and possible treatment.

I understand that physician(s) and hospital(s) are reluctant and sometimes unwilling to examine and treat patients without such authorized signature(s.) Jazz Camp will permit only routine and emergency procedures, which include preventive and corrective treatment. However, I understand that major or prolonged treatment will be consented to only with my specific permission, except when such permission is impossible to obtain within the limitations of time or other emergency conditions.

I hereby give permission to the medical personnel selected by the camp director or any staff member to provide routine health care; to administer medications; to order X-rays, routine tests, treatment, to release any records for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in any emergency, I hereby give permission to the physicians selected by the camp director to secure and administer treatment, including hospitalization or surgery, for the person named above. All minor medical needs will be cared for on site without notification of parents. If medical (sickness, injury) care is needed, billings will be sent to the parent/guardian who will be responsible for direct payments to physician, hospital, clinic, etc.

Signature Parent/Guardian _____ Date _____

**Iowa Lakes Community College
Reggie Schive Summer Jazz Camp
Cell Phone Usage Form**

I give permission for _____

to have a cell phone on campus during the summer Jazz Camp under the following conditions:

1. He/she will turn cell phone off when involved in daytime camp rehearsals, clinics, lessons, etc. (unless an emergency situation arises) or given approval by staff for specific use.
2. If he/she does not abide by the conditions above, there will be just cause for revocation of this privilege.

Parent/Guardian Signature _____ Date _____

I, _____ agree to the conditions listed above.

Student Signature _____ Date _____

**Iowa Lakes Community College
Reggie Schive Summer Jazz Camp
Camper Conduct Contract**

I, _____

agree to participate in Iowa Lakes Community College Summer Jazz Camp and abide by all program rules and guidelines. I understand that if I fail to follow these guidelines, I can be sent home.

1. I will be on time for all classes, activities, rehearsals, etc.
2. I will follow all dorm regulations including: observing curfew and quiet hours from 11 p.m – 7 a.m.
3. I will not allow unauthorized visitors or visitors of the opposite sex in my room at any time.
4. I will cooperate with all Jazz Camp staff and maintain a positive and cooperative attitude throughout the week.
5. I will not consume or have in my possession any alcoholic beverages, illicit drugs or firearms or any other illegal items for a school campus.
6. I will not leave campus without a signed permission from my parent or legal guardian.
7. I will not swear or use inappropriate language at any time.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Iowa Lakes Community College
TRANSPORTATION/FIELD TRIPS/PUBLICITY
AGREEMENT

For _____

The Iowa Lakes Reggie Schive Summer Jazz Camp has planned off-site opportunities and events for resident jazz campers. These opportunities and events include (but not limited to):

1. An evening concert in Estherville
2. An evening concert in Okoboji.
3. Evening activities at the college in Estherville

I authorize participation in these events for my student. I hereby consent and authorize Iowa Lakes Community College, their successors, legal representatives and assigns, to transport and to use and reproduce my student's name and image, taken by Iowa Lakes Community College for any and all purposes, including (but not limited to) publication, Web site and advertising. No claim of any kind will be made by me or my student. No representations have been made to me or my student.

Parent/Guardian Signature

Date