

2006 Phantom Regiment Drum Major Camp Medical and Responsibility Release Form

Students Full Name _____

Medical History

Convulsions Diabetes Bleeding disorders Chicken Pox Asthma Measles

Heart defect/murmer Mumps Surgery in past 2 years Epilepsy Neurological diseases (i.e. MS)

Briefly explain any boxes checked above:

List and explain any allergies:

Medications: type, dose and frequency:

Date of last tetanus immunization:

Insurance Carrier _____

Policy/Group Number _____

Family Physician _____

Physician Phone _____

Parental Consent Form – Responsibility Clause

I hereby give permission for _____ to participate in the 2006 Phantom Regiment Drum Majors Camp listed on the front of this form. I understand that Phantom Regiment, its directors, agents and employees not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Phantom Regiment sponsored event.

In case of emergency, I hereby give my consent for a qualified medical person to perform any first aid, medical or surgical procedures deemed necessary to the welfare of this applicant while participating in this Phantom Regiment sponsored event. I hereby give permission for Phantom Regiment personnel to observe students self-administer prescription and non-prescription medicine during this event. It is understood that the Phantom Regiment will make every effort to contact the undersigned prior to taking any such action, but in the event I cannot be reached for an emergency, I hereby give permission to medical personnel to secure and administer such treatment as may be deemed needed, including hospitalization, for the student named above. I also authorize Phantom Regiment to release medical records to hospitals and other physicians to which they are referred to and to insurance companies for payment of medical claim. The undersigned does agree to pay indebtedness to all medical personnel, facilities and services rendered.

We acknowledge that the undersigned and participating student is responsible for the safety and security of his/her personal belongings and effects and for loss or damage and will not hold Phantom Regiment responsible for these items. We the undersigned understand that the Phantom Regiment is a drug-free environment and that consumption of unlawful drugs, alcohol or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior should arise and in the judgment of the Phantom Regiment the undersigned's child should be sent home before the end of the program, we authorize Phantom Regiment to take such action. I, the undersigned, understand and accept the fee refund policy stated in the information page of this registration packet.

Signed: _____ Date: _____ Relation to student _____