

**Texas Woman's University**  
**Pioneer All-State Choir Camp**  
**2019 Health Form & Camp Agreement**

This form is completed in its entirety by parent/legal guardian, signed, and returned by **July 15, 2019**.

Student Name (Last, First) \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insured (Financially responsible party with authority to make medical decisions): \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

*Please copy both sides of your insurance card and attach **OR** fill in the insurance information on the line below;*

Provider (if none, state "Not Applicable"): \_\_\_\_\_ Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_, \_\_\_\_\_  
Name City State

Date of last Tetanus booster: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

Allergies to food or medication: \_\_\_\_\_

PREEXISTING CONDITIONS: \_\_\_\_\_

As the parent/guardian of the applicant, I hereby grant permission for him/her to participate in the above camp at Texas Woman's University and represent that he/she is physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, I, on behalf of myself, my child and our respective representatives and heirs, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Texas Woman's University and its employees, officers, and Regents from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may be sustained by the child during attendance at camp. I furthermore agree and promise that we will not hold the University or any of the above parties responsible in this respect. This waiver of liability expressly includes liability relating to transportation to, from, and or in connection with such camp. In the event of illness or injury, we hereby authorize the staff members of the camp to obtain assistance from doctors or nurses for medical, surgical, or any other appropriate treatment for the accident or illness, which, in the physician's professional opinion, is deemed necessary. If medical/surgical care is obtained, we will not hold the camp or Texas Woman's University, its employees, or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that the camp, Texas Woman's University and the Office of Conference Services cannot assume responsibility for medical, dental, or other health expenses incurred as a result of my child's stay at camp.

Campers **MAYNOT** self-administer medications for the following: **antidepressants, any controlled substance (including prescription pain medication), and medication for ADD/ADHD**. These must be administered through the camp clinic. ALL medications should be properly labeled and in the original container. Please be sure that the student is aware of the proper use of all medications and medical equipment brought to Camp. The Camp is not liable for their loss.

\_\_\_\_\_ My son/daughter will self-administer his/her medication while at camp.

I understand that these medications will not include any medications for the above-named drug categories.

\_\_\_\_\_ My son/daughter will be taking medication that requires the camp nurse keep and administer the medication.  
(Please provide detailed instructions.)

\_\_\_\_\_  
Authorized Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell Phone

In case of emergency and if parent/guardian cannot be reached, contact:

|  |                                 |
|--|---------------------------------|
| _____<br>Contact's Name (please print) | _____<br>Relationship to Camper |
| _____<br>Phone                         | _____<br>Cell Phone             |

## CAMP AGREEMENT

We agree to the following:

- All information contained herein is complete & accurate.
- Campers will abide by all camp rules.
- Use or possession of alcohol, any illegal substance, firearms, or other weapons will constitute immediate dismissal from the camp with no refund and appropriate police action will be initiated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Return the signed form as:

- (1) an email attachment: [pioneerchoircamp@twu.edu](mailto:pioneerchoircamp@twu.edu) ,
- (2) mail: TWU Pioneer All-State Choir Camp \* P. O. Box 425768 \* Denton, TX 76204-5768 or
- (3) fax: (940) 898-2494,
- (4) hand-delivered: Music Office – Room 114, TWU Music Building, Corner of Oakland Blvd. and Sawyer St.

- Music Office: (940) 898-2500 \* [www.twu.edu/music/summer-events/pioneerchoircamp](http://www.twu.edu/music/summer-events/pioneerchoircamp)