



University of
Massachusetts
UMASS Lowell

SYMPHONIC BAND CAMP

35 Wilder Street, Durgin Hall Suite 3, Lowell, MA 01854
Deb Huber, Director (978) 934-4133

MEDICAL FORM

Please complete both pages

MEDICAL FORM COMPLETED IN FULL, DUE BY June 1, 2024

Student Name: _____ Date of Birth: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Parent/Guardian Name: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Emergency Contact Name: _____ Relationship to Student: _____
 Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

I certify that _____ is able to participate, and that there is no objection to his or her participation in band camp, or any of the activities therein contained. Furthermore, in consideration of my child's being permitted to participate in the UMass Lowell Symphonic Band Camp program, I agree, on behalf of my child, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my / my child's participation in the UMass Lowell Symphonic Band Camp program. To the maximum extent permitted by law, I release and indemnify the University of Massachusetts Lowell, its Board of Trustees and their officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or my child may be liable to any other person, during my / my child's participation in the UMass Lowell Symphonic Band Camp program- held at the University from Sunday, July 14, 2024 through Saturday July 20, 2024

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the Director or the Band Camp Staff. A child taken to the hospital will necessitate a parent or guardian's attendance at the hospital at the earliest possible time.

Emergency Care Providers require the following information. All information provided shall be held in confidence and maintained by the Director and Administrative Staff.

My / Our Medical Plan is: _____ Medical Plan Number: _____
 The Policy Holder is: _____ Employer of Policy Holder: _____
 Primary Care Doctor: _____ Primary Care Phone: (____) _____
 Location of Primary Care Doctor: _____ No Medical Insurance: _____
 Does your insurance provider require notification prior to emergency care? Circle One Yes / No

Student Name: _____

Please list ALL of the following:

Current Medical Conditions

Current Medications (and for what reason medication is being taken),

Allergies

Any physical limitations that would prevent you from participating fully in the UMass Lowell Symphonic Band Camp.

Please be specific. Please attach any necessary information.

MENTAL, EMOTIONAL, AND SOCIAL HEALTH: Check "Yes" or "No" for each statement.

Has your child:

Yes No

Even been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? _____ _____

Ever been treated for emotional or behavioral difficulties? _____ _____

During the past 12 months, seen a professional to address mental/emotional health concerns? _____ _____

Please explain "Yes" answers in the space below. The program may contact you for additional information.

Is there anything else for which the camp staff should be made aware, or which may impact your child's camp experience?

Signature of Student: _____

Date: _____

Signature of Parent / Guardian: _____

Date: _____

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