

Berkeley Youth Orchestra Cazadero Retreat: September 14 –16, 2007
Medical Authorization and Medical History for ages 0-17

Name _____

Age _____ Date of Birth _____

Home Address _____

Home Phone _____

Parent/Guardian #1 _____ Work Phone _____

Parent/Guardian #2 _____ Work Phone _____

Emergency contact, if parents/guardians cannot be reached:

Name _____

Home Phone _____ Work Phone _____

Physician _____ Phone _____

Health Insurance _____ Policy # _____

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to the health supervisor and those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For the safety and well-being of the child, no child will be allowed to attend camp without a completed and signed Consent/Medical Authorization.

Date of child's last tetanus shot: _____

Please list any physical or behavioral conditions that the program staff should be aware of. Please be specific (e.g., sleepwalking, anxiety attacks, bedwetting, etc.):

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Is your child allergic to any foods, medications or insect bites?

Yes No

If "yes" please specify:

Is your child currently taking any medications?

Yes No

If "yes" please list all medications that your child will be bringing, including complete instructions for administering:

May the medical supervisor administer (please circle yes or no):
aspirin substitutes: **yes/no**; eye ointments: **yes/no**; antihistamine or decongestant: **yes/no**; laxative or anti-diarrheal: **yes/no**; antibacterial or antibiotic ointment: **yes/no**; motion sickness medication: **yes/no**; insect bite or poison oak ointment: **yes/no** to your child?

Please specify if necessary:

SPECIAL MEALS: Cazadero can support some special meal requests. Vegans must *supply their own special meals*, as it is not possible for the camp kitchen to meet their requirements. If your child requires specialized dishes, please specify below, so that we can request special meals where possible from the Cazadero camp kitchen:

___ Vegetarian ___ Wheat Free ___ Lactose-Intolerant ___ Nut-Free

(Child's name) _____ has my permission to attend Berkeley Youth Orchestra Cazadero Retreat, September 14-16, 2007. My child is in good health. In case of medical or surgical emergency, I hereby authorize the physician selected by the Health Supervisor to secure the proper and required treatment for the child listed. All expenses not covered by the program shall be paid for by the parent/guardian.

Signature of Parent/Guardian _____ Date _____