

TEXAS JAZZ & BLUES CAMP (TJBC)
MEDICAL FORMS FOR CAMPERS & STAFF

Camper
 Staff

Please Return Completed Form to enroll@newschoolofmusic.net

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp: _____ Departure Date: _____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, are their required immunizations current? YES NO

Additional Comments:

MEDICAL CARE FORM & Over the Counter Medication Opt Out

Student Name _____ Date of Birth _____

PERMISSION FOR MEDICAL CARE

I hereby grant permission to the Director of TJBC / St. Stephen's Episcopal School (SSES), or designee, to secure appropriate routine or emergency medical treatment for my child while attending TJBC. I give the St. Stephen's medical staff permission to administer any over the counter medication approved by the covering physician as stated in our policy and procedure for standing orders.

Parent/Guardian Signature: _____ Date: _____

OVER THE COUNTER MEDICATION AND OPT OUT

It is assumed that TJBC / St. Stephen's can administer all of the following over the counter medications as approved by our camp medical staff. **To OPT OUT** of the administration of any of these medications please initial next to the medicine below. **If all of these medications are approved please sign the bottom.**

Medication Name	OPT OUT (Initial in box)	Medication Name	OPT OUT (Initial in box)
Allegra		Melatonin	
Aloe Gel		Miconazole (anti fungal spray)	
Auralgan (Ear drops)		Midol	
Bacitracin (Ointment)		Milk of Magnesia	
Benadryl		Neosynephrine	
Caladryl lotion		Pepto Bismol	
Cepacol		Prune Juice	
Clariten		Robitussin	
Colace		Solarcaine	
Dayquil		Sudafed PE	
Hydrocortisone (Cream)		TUMS	
Hydrogen Peroxide		Tylenol	
Ibuprofen (Advil)		Vaseline	
Imodium		Vicks Inhalation	
Lactaid		Visine	
Maalox		Zyrtec	

Parent / Guardian Signature _____ Date _____

PLEASE MAKE SURE YOUR EMERGENCY CONTACTS ARE UP TO DATE

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