

Official Health/Parent Authorization Form

Campers Name: (type or print) _____ **Birthdate:** _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian Phone Numbers:

Cell: (____) _____ **Work:** (____) _____ **Alt:** (____) _____

Alternate Contact Person (If Parent/Guardian cannot be reached)

Name: _____ **Phone:** (____) _____ **Relationship:** _____

Insurance Company: _____ **Policy No.:** _____ **Group ID** _____

Family Physicians Name: _____ **Phone:** (____) _____

Choral Director's Name: (If attending camp) _____ **Cell Phone:** (____) _____

The camper has my permission to participate in Showchoir Camps of America at Augustana College in Rock Island, IL, June 15-21, 2025.

The health of _____, Camper, is normal as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. The camper: (Attach additional page if needed)

Is currently taking the following medications: _____

Allergies to food or medications: _____

Special medical problems we should be aware of: _____

The camp staff has my permission to administer recommended dosage of the **checked** medications without contacting me:

☐ Tylenol ☐ Ibuprofen ☐ Midol ☐ Antihistamine ☐ Antacid (Tums/Pepcid) ☐ Neosporin/hydrocortisone cream

Only in the event that I cannot be reached in an emergency, and if necessary, I hereby give permission to a licensed physician to hospitalize, secure proper treatment for, and to order x-rays, injection, anesthesia, or surgery for my child as named above. I am responsible (personally or through insurance) for any medical expenses.

I acknowledge and will assume the inherent risks with any camp activity. I understand that Showchoir Camps of America, Inc. its staff and counselors, are not to be held responsible or liable for any injuries, accidents, illness or losses (including death) that my child might incur, however caused in connection with this event and agree to release the proprietors from all claims, damages, lawsuits or expenses.

I further understand that my child will abide by all of the rules of the camp, including those pertaining to housing, university property and the curfew requirements. I understand that my child will be sent home at my expense, without a refund, for misconduct, inappropriate behavior, or possession of alcohol or illegal drugs. I understand that this information will be shared with camp staff.

I understand that Showchoir Camps of America, Inc. shall have the right without obtaining approval, to display, use, sell, or advertise any photograph, film or video taken of my child in connection with this event. I understand that Showchoir Camps of America, Inc. is not responsible for lost or stolen property.

Showchoir Camps of America, Inc. will uphold the highest standard of discipline and safety for your child, so the camp experience will be a positive and rewarding one.

SIGNATURE: _____ **DATE:** _____

(Parent or Legal Guardian)

NOTARY PUBLIC SIGNATURE/STAMP: _____

We need this form **SIGNED AND NOTARIZED**. Please bring original plus 2 copies to camp with you or you will not be able to participate. Thank You!