HEALTH HISTORY RECORD AND MEDICAL CARE AUTHORIZATION FORM

Per camp licensing requirements of the State of Michigan, the following information is needed for students attending Mona Shores Band Camp. If additional space is required for any areas below, please continue on back of form.

Student / Parent / Guardian Information

Student's Name (Last)	First	Middle	Sex	Date of Birth	
Student's Address (Number and Street)		City		Zip Code	Telephone (Home)
Parent/Guardian Name (Last)	First	Middle	Relationship to Student		Telephone (Work)
Parent/Guardian Address (if different from above)		City		Zip Code	Telephone (Cell or Emergency)
Additional Name(s) of Person(s) to whom student may be released (if any)					
1					Telephone (Cell or Emergency)
2					Telephone (Cell or Emergency)

Physician / Insurance Information

Name of Family Physician	Telephone Number
Health Insurance Carrier	ID Number(s)

Medications Needed or Used

Name	Dosage	Directions

Are the student's immunizations current? [ ] Yes [ ] No

Any known allergies (medications, food, insects, etc.)? [ ] Yes [ ] No

If yes, please explain:

Do you authorize the administration of over the counter (OTC) medications as deemed necessary? [ ] Yes [ ] No

Please describe any Special Physical, Behavioral, or Emotional Considerations/Limitations.

I give permission to the Mona Shores Band, licensed by the State of Michigan / Department of Human Services, to secure emergency medical treatment, surgical treatment and / or routine medical treatment for the above named minor child (student) while in care. I also certify that the above information is true to the best of my knowledge.

Signature of Parent/Guardian	Date