

SPRING STRING THING

MEDICAL EMERGENCY FORM -include photocopy of insurance card

No student will be registered for the JMU Spring String Thing without a completed, signed Medical Emergency Form. If you do not have insurance, you must send both this form AND the in lieu of insurance form.

Student's Name _____ Birth Date _____

Legal Address _____
City _____ State _____ zip _____

I have been informed that should a medical emergency occur during the SST weekend, as determined by the staff of the JMU Spring String Thing, my son or daughter will be treated by the medical staff of Rockingham Memorial Hospital or the nearest available emergency treatment facility.

I, (print) _____ as the parent/legal guardian of student (print) _____ do hereby release James Madison University and the JMU Spring String Thing staff from any and all medical liability, in their role as first responders, and understand and authorize any immediate minor first aid to be rendered by the SST staff in order to see to the comfort of my child prior to arrival at the hospital.

List any and all current medical conditions and known illnesses: _____

any and all medications being used for the conditions outlined above: _____

I will instruct my child that it is against camp policy to ingest any medicine or drug prescribed for another individual and that any such abuse will be grounds for dismissal.

(1) any and all allergies or known allergic reactions: _____

((2) any other known medical conditions: _____

(3) any prescription medications taken in the last 12 months: _____

Medical/Hospital Insurance Information/Consent Form

Military- Please circle one. Yes No Insurance Company _____
Policy# _____ /Group# _____

If you are not Military. attach a photocopy of your insurance card.

Home phone: () - Wk phone: () - Cell: () -
In case the parent/guardian cannot be reached or located, I authorize JMU Spring String Thing to contact: 1.(name) _____ relationship _____

() - or cell () or 2. (name) _____
relationship _____ () - or cell () - whom I authorize to give medical instructions and/or information.

The above information is critical to the care of the Spring String Thing students. Should a medical emergency arise, the student will be cared for first and parents/guardians will be notified as quickly as possible thereafter.

*****For families without insurance coverage, the parent/guardian must ALSO attach the in- lieu of insurance form from the SST web site

I warrant that the information is current and correct.

Signature, Parent/Legal Guardian _____ Date _____