

SESSION 1: \_\_\_\_\_

SESSION 2: \_\_\_\_\_

YOUNG MUSICIANS & ARTISTS, INC.  
P.O. BOX 13277 PORTLAND, OR 97213  
**HEALTH INFORMATION**

**PLEASE FAX TO:  
(888) 793-2583**

Student's Name (Last, First) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Birthdate (DD/MM/YR) \_\_\_\_\_ Age \_\_\_\_\_ Grade in **2010-2011** school year \_\_\_\_\_

Parent \_\_\_\_\_ Phone: day (\_\_\_\_) \_\_\_\_\_ eve (\_\_\_\_) \_\_\_\_\_

Parent \_\_\_\_\_ Phone: day (\_\_\_\_) \_\_\_\_\_ eve (\_\_\_\_) \_\_\_\_\_

Persons to contact if parents/guardians are unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

\*YMA does NOT provide medical insurance coverage at camp.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Member ID# \_\_\_\_\_ Physician /Clinic \_\_\_\_\_

\*YMA may require a medical clearance from your physician for any special medical problems. If you have questions about this or feel there are any circumstances which may produce problems with your child adjusting to being away from home, please call or write YMA.

SIGNIFICANT MEDICAL HISTORY (Previous surgeries, injuries)
CURRENT MEDICAL PROBLEMS (Asthma, seasonal allergies, insect reaction, heart issues, seizures, diabetes, etc.)
CURRENT MEDICATIONS (prescribed and over-the-counter)

\*The YMA nurse has and is authorized to dispense over-the-counter medications for assorted common ailments. Students may bring their own and self-medicate with parental permission, however ALL medicines must be registered with the nurse.

Allergic to any medications? If so, what: Activity Restrictions: Food Restrictions: Other information: (Continue list on back of form if necessary)
CURRENT OR PAST MENTAL HEALTH ISSUES (Depression, anxiety, behavioral issues, etc.)

Date of last tetanus (dT, TD): \_\_\_\_\_ (Current, within 10 yrs, recommended)

I authorize emergency medical care to be provided for this student, the treating physician to give orders to the YMA nurse, and the YMA nurse to provide health information regarding this student she deems appropriate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_