

**UM Music Time Camp  
MEDICAL INFORMATION**

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age (As of June, 2009): \_\_\_\_\_ Gender: \_\_\_\_\_

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Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Name of Family Member who is the Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

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Please list any Allergies:

\_\_\_\_\_

\_\_\_\_\_

If your child is taking any medications, please list them below and clearly explain the condition for which it is needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note any physical, emotional, or mental health problems that require special provisions by our camp staff:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_