



*Royal School of Church Music in America*  
**TULSA COURSE FOR BOYS, TEEN BOYS & ADULTS**

**MEDICAL INFORMATION & CONSENT FORM**  
**ALL PARTICIPANTS & STAFF MUST COMPLETE THIS FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI

**MEDICAL INSURANCE INFORMATION:**

Insurance Provider: \_\_\_\_\_

Provider Telephone #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured's I.D. #: \_\_\_\_\_

Policy #: \_\_\_\_\_

**PHYSICIAN/EMERGENCY CONTACT INFORMATION:**

Physician's Name: \_\_\_\_\_

Physician's Telephone #: \_\_\_\_\_

**IN CASE OF EMERGENCY - SECONDARY CONTACT:**

*(another adult if parent/guardian cannot be reached)*

Name: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship (not parent/guardian): \_\_\_\_\_

**HEALTH INFORMATION**

*Participant has the following medical conditions:*

Asthma     Seizures     Wears contacts

Diabetes     Poison ivy allergy     Wears glasses

Incense allergy

Food allergy (explain) \_\_\_\_\_

Insect bite reaction (explain) \_\_\_\_\_

Medication allergy (specify) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Requires prescription medication (list below). *Bring an adequate supply with specific instructions to registration.*

**If you prefer specific medications be administered for treatment of conditions such as headache, stomachache, sore throat, insect bite, etc., you must provide them at registration with specific instructions.**

ALL MEDICATIONS FOR PARTICIPANTS UNDER AGE 18 WILL BE KEPT AND ADMINISTERED BY A MEMBER OF THE STAFF.

Date of last tetanus booster (if known): \_\_\_\_\_

My child **does / does not** know how to swim. *(please circle)*

**YOUTH PARTICIPANTS ONLY (UNDER AGE 18)):**

**Parent/Guardian Consent**

I hereby authorize and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as are deemed necessary or advisable by the physician(s) during the period of time in which my child is under the authority and protection of the RSCM Tulsa Training Course.

I also give my permission for my child to accompany the RSCM Tulsa Training Course on any field trips made during the period from July 12-18, 2010. In granting permission I understand that my child attends at his own risk and I hereby waive the RSCM Tulsa Training Course, and its agents, of responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Behavior Policy**

The RSCM Training Courses policies have been established to help ensure safe and enjoyable courses. The safety of all and the success of the program depend on the actions of each participant. Therefore, we reserve the right to send home, at the participant's expense, anyone whose behavior is detrimental to the course or the reputation of the program, or who endangers herself or other members of the group in any way. We also will hold the participant responsible for payment for any damages to the University of Tulsa property or to the property of other course participants. There is no refund whatsoever for participants who are expelled, regardless of the point at which they are dismissed.

*I have read and understand the above behavior policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARTICIPANT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN