BLUE MOUNTAIN FESTIVAL HEALTH FORM

Camper’s Name Sex Birth date

last first middle

Home Address

City State Zip

Parent(s)/Guardian Name(s)

Home Phone ( ) Business/Cell Phone ( )

If not available, in an EMERGENCY contact:

Name Phone ( )

# Part One --- Parental Authorization

I understand and certify that my child’s participation at Blue Mountain Festival is completely voluntary. I acknowledge that although BMF has taken measures to minimize the risk of injury to festival participants, BMF cannot guarantee that all activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the festival’s rules and procedures.

I understand that parents will be contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by BMF to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent Date

**Insurance Information:**

Insurance Carrier Policy #

Insurance Carrier Phone Number ( )

Policy Holder’s Name SS#

# Part Two --- Health Information

**Basic Health History**:

🞎 frequent ear infections 🞎 asthma 🞎 bleeding disorders 🞎 diabetes

🞎 heart defect 🞎 convulsions 🞎 epilepsy 🞎 hyperactivity

🞎 hypertension 🞎 bedwetting 🞎 sleepwalking

**Allergies**: 🞎 penicillin 🞎 serious poison ivy 🞎 bee stings

🞎 hay fever 🞎 food allergies 🞎 aspirin

🞎 other (specify):

**Immunizations**: All immunizations must be up to date. Indicate dates of basic immunizations or most recent booster.

DPT Polio Measles

Current Tetanus (If date cannot be supplied, please initial this statement: “In case of an emergency, the attending physician may administer a tetanus booster.” )

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At BMF:

Prescription Drugs Participant Brings to BMF:

(Please attach instructions)

# Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed festival activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 12 months.

Physical Restrictions: Date of Last Physical

Parent’s Signature Date

Name & Phone # of Family Physician ( )