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 _____ ( ) _____