

IMMUNIZATION DATES:

Diphtheria _____

Tetanus _____
(Most recent booster must be within ten (10) Years)

Mumps:

Date of Immunization _____

or Date of Disease _____

Live Vaccine: () Yes () No

Rubeola: (Measles)

Date of Immunization #1 _____, #2 _____

or Date of Disease _____

Polio Series Completed: () Salk () Oral

Date(s) _____

Other _____

Have you had chicken pox? () Yes () No

I certify that the preceding medical information is true to the best of my knowledge and I give consent for the administration of medicines and treatment as recommended by the medical personnel of the University of Rio Grande. Consent is also granted to a licensed physician, surgeon, or dentist for necessary treatment when indicated, after all reasonable attempts have been made to reach me at the number(s) listed on the front of this form.

Signature of Parent or Guardian

Date

Do you now have medical / hospitalization insurance? () No () Yes

If yes, please **copy and ATTACH** the following information to this form.

- | | |
|---|---|
| 1. Name and Address of Insurance Company. | 4. Insured Person's Name and Relationship |
| 2. Policy Certificate Number | 5. Name and Address of his/her employer |
| 3. Group Number | |

I am the parent(s)/guardian(s) of _____, age _____. While my child is attending the University of Rio Grande Bandcamp (the "Bandcamp") with members of the _____ High School Band from (list dates) _____, 2002 to _____, 2002, I hereby authorize any adult chaperone or adult representative of the Band or any representative of the University of Rio Grande to act for me and in my stead with respect to the authority to provide for my child's regular and emergency medical needs, to authorize physicians and hospitals to perform any act or medical or other procedure necessary for his/her care, and to execute such authorizations as may be necessary to provide such care. I hereby authorize any physician licensed to practice medicine to attend to my child. I further hereby authorize any such physician to perform any act or procedure which in his or her professional medical judgment is necessary for the medical care of my child. Further, I hereby authorize any hospital and its staff to attend to the medical needs of my child and to do any act or procedure which is deemed necessary or appropriate for his or her regular or emergency medical care.

In addition, in consideration of the services and facilities provided to my child by the University of Rio Grande/Rio Grande Community College during my child's attendance at the Bandcamp, I hereby forever waive, release, discharge and hold harmless the University of Rio Grande/Rio Grande Community College, its successors, officers, employees, directors, trustees, servants and agents, from and against any and all claims, causes of action, demands, damages, loss of service, expenses and costs (including attorney's fees) arising from or in connection with the damages for personal injury or property damage which I may have, or which may subsequently accrue to me, and which occurs while my child is attending Bandcamp, except for claims, causes of action, demands, damages, loss of service, expenses and costs arising from the acts of the University of Rio Grande/Rio Grande Community College which are determined to be grossly negligent. It is further agreed and understood that this waiver, release and discharge is binding upon my heirs and assigns.

This document is signed in the presence of witnesses on _____, 2002.

Witness

Parent or Guardian

Witness

Parent or Guardian