

STUDENT MEDICAL FORM

Illinois Summer Youth Music

University of Illinois
1114 West Nevada St.
Urbana, IL 61801
Phone: (217) 244-3404
Fax: (217) 244-4585
Email to: isym@illinois.edu

Please note: This form must be received at least 2 weeks prior to camp.

PRINT or TYPE

STUDENT

Student Name: _____
Student Age: _____ Gender: _____ (M or F) Birth Date: _____
Student Home Phone Number: (_____) _____

PAYMENT INFORMATION - Parent or Guardian Responsible for Payment:

Last Name: _____ First Name: _____ M. Int. _____
Relationship to student: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone Number: (_____) _____ Work Phone Number: (_____) _____
Cell Phone Number: (_____) _____

EMERGENCY AUTHORIZATION - In an emergency, if parent/guardian cannot be reached, I authorize Carle Clinic, Carle Hospital, or other health care providers to administer medical care as required:

Signature of Parent or Guardian: _____ Date: _____

EMERGENCY CONTACT - In an emergency, if parent/guardian cannot be reached the following person will be contacted:

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ Emergency Cell Phone Number: (_____) _____

INSURANCE COMPANY/FAMILY PHYSICIAN - Insurance and Healthcare Provider

Name of Insurance Company: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____
Policy Number: _____ Group Number: _____
Insurance Company Contact Person: _____ Phone Number: (_____) _____
Medicare Number: _____ Family Physician: _____
IPA Number: _____ Address: _____
Other: _____ City: _____ State: _____ Zip Code: _____
Insurance: _____ Phone Number: (_____) _____

STUDENT MEDICAL HISTORY - Check the box before any of the following diseases the student has had. Write at what age the student had the disease in the space provided.

- | | | |
|--|---|--|
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Hay Fever _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Lung Disease _____ | <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Poliomyelitis _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Hernia (rupture) _____ | <input type="checkbox"/> Scarlet Fever _____ |
| <input type="checkbox"/> Diphtheria _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Smallpox _____ |
| <input type="checkbox"/> Whooping Cough _____ | <input type="checkbox"/> Measles (3-day) _____ | <input type="checkbox"/> Typhoid Fever _____ |
| <input type="checkbox"/> Allergies (specify) _____ | | |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Nervous or Mental (epilepsy, emotional stress, convulsion) _____ | |

FOOD ALLERGY - If yes, please make sure you fill out a Food Allergy Form.

Yes No

IMMUNIZATIONS – Date, Booster

Measles: _____ Diphtheria: _____ Whooping Cough: _____
Tetanus: _____ Polio: First _____ Second _____ Third _____
Smallpox: _____ Flu: _____ Rubella: _____ Typhoid: _____
Mumps: _____ Pneumonia: _____ Last TB Test: _____
Chickenpox: _____ Other: _____

MEDICATION INFORMATION/STUDENT HEALTHCARE MONITORING

List all medications taken regularly and specify the need for such medication: _____

List medications taken only as needed: _____

Is student allergic to any medications? _____

Is student capable of reasonable physical activity (athletics, strenuous activity)? Yes No

If no, state reason and limitations: _____

If student attends ISYM, should the student be monitored by health care provider for any specific reason?

Yes No

If yes, specify reason and suggested healthcare provider (if applicable): _____

PARENT/GUARDIAN/HEALTHCARE PROVIDER - Person Completing Student Medical History

Parent/Guardian/Healthcare Provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Date Completed: _____

Photo/Video/Audio Consent (Required)

Participant Information

First Name: _____ Last Name: _____

I, the undersigned parent or guardian, consent to the recording and any use by the Board of Trustees of the university of Illinois on behalf of its Urbana-Champaign campus of the name, image, musical performance and/or voice of the minor child described herein, in (1) the photograph, video recording and/or audio recording of this minor child while at the ISYM camp described herein; and (2) and photograph, video and/or audio recording, CD, DVD, tape, webcast, podcast or other medium for distribution produced either in whole or in part from the photograph, video recording and/or audio recording described herein: for any purpose including, but not limited to, teaching, research, public service, fundraising, sale to the public, advertising or publicity on behalf of the University or its assigns and licensees, including its Foundation or Alumni Association.

I warrant that I am the parent or legal guardian of the minor described herein and have the full right and authority to grant this consent on behalf of such minor.

I recognize that the University will need to conduct its own copyright clearance review with respect to the underlying music and/or lyrics present in such video and/or audio recordings.

In addition, I waive all claims to compensation (including royalties) or damages based on the use of such minor's name, image, musical performance and/or voice, but the University or its assigns and licensees. I also waive any right to inspect or approve the finished photograph, video recording and/or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor and the minor's heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

X _____
Parent or Legal Guardian Signature

Date _____

Required Signatures

By signing this form, I agree to all terms and conditions of the program as published on the Illinois Summer Youth Music web site (located at www.music.illinois.edu/isym) and will be responsible for payment in full, or the difference between the total amount due and any authorized scholarship/grant. I also agree to inform this ISYM applicant of the expectations listed in the ISYM Web site for all programs.

X _____
Parent or Guardian Signature accepting the above conditions

Date _____

STANDARDS OF CONDUCT FORM
School of Music | College of Fine + Applied Arts
University of Illinois at Urbana-Champaign

For the safety and well-being of all students attending Fine + Applied Arts Summer Programs, the following STANDARDS OF CONDUCT will be in effect during the program. Students in violation of these regulations risk being sent home and refunds cannot be authorized.

- 1. Students participating in any FAA summer program are expected to attend all instructional classes and activities, and to exhibit proper behavior in all campus facilities** – academic, residential, dining, and recreational.
- 2. All program participants must cooperate with University staff in the performance of their duties, and respect the care of University facilities.** No cleats or skates are to be worn in any University building.
- 3. All participants must occupy the rooms to which they are assigned.** Security and contact with students in case of emergency make this essential.
- 4. All resident participants are required to report to all scheduled head-checks and to remain on their floor after curfew.** Students must be in their assigned rooms. Running in corridors and stairwells, loud and disruptive behavior, and the playing of electronic devices at unreasonable levels are not allowed in the residence hall.
- 5. Program participants must leave the residential facility in response to fire alarms or other emergency situations at the direction of the facility or program personnel.**
- 6. All University buildings are smoke-free.** No smoking will be permitted in any indoor spaces, including classrooms, studios and dormitories.
- 7. There is to be no co-educational visitation in the residence halls.** Under no circumstances should any participant enter the floor or room of someone of the opposite sex.
- 8. The use of illegal drugs or alcoholic beverages is not allowed while attending the program.** Students found to be in violation of this regulation will be sent home.
- 9. Firearms, knives and other weapons of any type and toys that resemble them are strictly prohibited; illegal gambling is strictly prohibited.**
- 10. Individuals will be charged for vandalism, lost keys, and non-returned meal cards.** The student is responsible for keeping the room door locked. Any damage costs incurred in individual rooms will be charged to the occupants of those rooms. An inspection is made when rooms are vacated. Posters, memo boards, staples, or nails may not be used on dorm doors and furniture may not be removed from rooms or public spaces. Parents/guardians are responsible for loss, property damage, induced accident or injury, costs of mischievous fire alarms, and other expenses incurred by the student while attending an FAA summer program.

*The undersigned certify that they have read and understand the above **STANDARDS OF CONDUCT**, and agree to abide by them.*

Signature on the Participant

Date

Printed Student Name

Signature of Parent/Legal Guardian

Date

Printed Student Name