



YOUR CHILD'S HEALTH AND SAFETY IS DEPENDENT ON THE INFORMATION YOU PROVIDE TO US. PLEASE TAKE TIME TO FILL OUT THIS FORM COMPLETELY.

Camper Name - First: \_\_\_\_\_ Last: \_\_\_\_\_  
Birth date: \_\_\_\_\_ T-Shirt Size S M L XL XXL  
Instrument: \_\_\_\_\_ Grade Next Year: \_\_\_\_  
Gender: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Work Phone: Father - \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Mother - \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
E-mail One: \_\_\_\_\_  
E-mail Two: \_\_\_\_\_

Alternate to notify in case of emergency:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date of last DTP / DT / Td shot (Diphtheria-Tetanus-Pertussis): \_\_\_\_\_

Health Concerns: \_\_\_\_\_ Recent Problems: \_\_\_\_\_  
Asthma: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Ear Infections  
Diabetes: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Nosebleeds  
Seizures: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sleep Walking  
Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Stomach Problems  
\_\_\_\_\_ Severe upper respiratory -specify:  
\_\_\_\_\_ Foods - specify:

Other - recent injuries, illnesses, surgery, physical conditions requiring special consideration:

Is camper taking **PRESCRIPTION or NON-PRESCRIPTION medication?** : \_\_\_\_ Yes \_\_\_\_ No  
**LIST ALL MEDICATIONS AND THE REASON FOR TAKING THEM:**

Tums and Acetaminophen (Tylenol) may be provided to campers on an as needed basis from camp staff if noted here:  
My child may have Tums - \_\_\_\_\_ Yes \_\_\_\_\_ No  
My child may have Acetaminophen (Tylenol) - \_\_\_\_\_ Yes \_\_\_\_\_ No

• **NOTICE OF INTENT TO USE PRIVATE TRANSPORTATION TO AND/OR FROM CAMP:**

We understand that Minnetonka Schools and Minnetonka Band Camp staff can in no way be held responsible for our child's safety or welfare while he/she is riding in a private vehicle. I/We hereby make notice of the intent to have the above named camper ride in privately owned vehicle(s) as follows (if camper is not riding on provided bus transportation):

A. Going to camp: Driver: \_\_\_\_\_ arrive time: \_\_\_\_\_  
B. Returning from camp: Driver: \_\_\_\_\_ depart time: \_\_\_\_\_

Name of Health Insurance Carrier: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Restrictions: \_\_\_\_\_

In the event of a medical emergency, I consent for my child to be transported to the local medical facility for treatment as deemed necessary by physician, and understand that if possible, every effort will be made to contact me before such treatment is given. Parent/Guardian signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**FILL OUT BOTH SIDES AND DROP OFF AT THE MHS BAND OFFICE OR MAIL WITH CHECK TO OUR REGISTRATION CHAIR - - Checks made out to "Minnetonka Band Boosters"**

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