

The Rivers School Conservatory Summer Music Health Form

333 Winter Street • Weston, Massachusetts 02493-1040 • 781-235-6840 •
www.riversschoolconservatory.org **Please print and complete all information.**

Student Last Name _____	First Name _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian 1 _____	Home Phone _____	Email _____	Cell Phone _____
Parent/Guardian 2 _____	Home Phone _____	Email _____	Cell Phone _____
Home Address _____	City _____	State _____	Zip _____
Other than yourself, who should be contacted in emergency: _____			Phone _____
Address _____			Cell Phone _____

HEALTH HISTORY: (Check relevant categories, and give approximate dates)

Frequent Colds/Sore Throats _____	Fainting _____	Cardiac Conditions _____
Sinusitis _____	Seizures _____	Skin/Dermatology _____
Abscessed Ears _____	Sleep Walking _____	Diabetes _____
Stomach Upset/Constipation _____	Bronchitis _____	Infectious Diseases _____
Kidney/Renal Issues _____	Bedwetting _____	
Medication Allergies _____		
Food Allergies _____		
Environmental Allergies _____		
Scheduled Medication _____		
Other _____		

Important: Please notify RSC if this child is exposed to any communicable disease during the three weeks prior to camp attendance.

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

The Nurse's office at The Rivers School maintains the personal health information of Rivers Music students. Consistent with the operation of a day camp, this information is shared on a need-to-know basis among the staff of RSC and with outside medical service providers. While RSC is not a covered entity under Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), it makes every reasonable effort to maintain the privacy of the personal health information of its campers. If you have any questions or concerns about this issue, please contact the camp nurse or business manager.

Signature _____ Date _____

Must be signed by parent or legal guardian if under 18

PHYSICAL EXAMINATION: (To be filled out by a licensed physician within 12 months prior to camper's arrival at camp)

Code: **V** – Satisfactory
X – Not Satisfactory (explain)

Height _____ B.P. _____	Urinalysis test done _____
Weight _____ Hgb. test done _____	
Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy (please specify) _____
Throat _____	
Teeth _____	
Heart _____	General appraisal _____
Abdomen _____	
Genitalia _____	
Hernia _____	

Recommendations and restrictions (diet, medicine, swimming, diving, etc.) _____

Immunizations:
D.P.T. Series (3) or more _____; booster (1) _____ date _____ Tetanus booster (1) if 10 years have elapsed _____ date _____
Polio Series (3) _____; booster (1) _____ date _____
M.M.R. _____; (NOT PRIOR TO 1 YEAR OF AGE)

Signature _____

Telephone _____ Address _____
Date _____