

2017 ERIC "RICSTAR" WINTER MUSIC THERAPY SUMMER CAMP
Adults: June 15-17, 2017; Children, Adolescents & Young Adults: June 19-21, 2017
 Music Therapy Clinical Services, Community Music School, Michigan State University
 Registration, Authorization for purposes of providing medical treatment and Audio/video release
*******PLEASE FILL OUT BOTH SIDES OF FORM*******



Name _____ Birth date _____

Parent/Guardian _____ Relationship to participant _____

Address _____ City, State, Zip _____
(street)

Home Phone (____) _____ Email _____ ***Phone during camp hours (____) _____

Emergency Contact _____ Relationship to participant _____

The above named person will be spending time at the Michigan State University Community Music School. We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Name and Address of Personal Physician _____

Phone (____) _____ Name and Address of Insurance Company _____

_____ Phone (____) _____

Name and Address of Employer _____

Policyholder's Name _____ Relationship to patient _____

All policy numbers (please identify) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

	YES	NO	If yes, indicate or list below. Please be specific.
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IS there any chronic problem or illness?	_____	_____	_____
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HAS the person been treated recently for a medical problem?	_____	_____	_____
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ARE there any allergies to medication or local anesthetics?	_____	_____	_____
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ARE there any other allergies? (Therapy dogs will be at camp.)	_____	_____	_____
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IS there any history of seizures?	_____	_____	_____
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IS there any need for adaptive equipment, i.e. splints, helmet, etc.? Please describe times and duration.	_____	_____	_____
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IS there any feeding assistance needed, i.e. tube feedings, physical assistance with utensils, etc.?	_____	_____	_____
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ARE there any dietary needs/restrictions?*	_____	_____	_____
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ARE there any special bathroom needs, i.e. schedule, how the individual communicates the need, catheterization, etc.? (If catheterization is needed, please bring all equipment on a daily basis.)	_____	_____	_____
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LIST medications, how medication is given, exact time of medication and dose: (Please bring medication on a daily basis.)	_____	_____	_____
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DATE of last Tetanus Shot _____

ARE there any other medical needs? _____

KNOW ALL PERSONS BY THESE PRESENTS, that _____,
(your name)

does hereby authorize Michigan State University, East Lansing, MI, to seek any medical and/or surgical treatment necessary for the care of _____, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____

(continued on back)

Please provide the following information. This will help us plan and will ensure the participant's safety.

Special music interests/likes _____

Means of communication _____

Suggestions for helping the participant perform successfully in a group setting _____

Diagnosis and physical/cognitive/etc. challenges _____

Diagnosis and physical/cognitive/etc. challenges _____

Please indicate any information regarding behavior, such as self-abuse, wandering, etc. _____

Any other information _____

Any other information _____

Where did you hear about camp? _____

Select a T-shirt size: **YOUTH:** XSmall Small Medium Large **ADULT:** Small Medium Large XLarge

- There will be an assistant (aide, parent, etc.) with the participant during the camp.
- I can host a volunteer/music therapist on June 15-17th June 19-21st at my home.

RELEASE FOR VIDEO, FILM and PHOTOGRAPHS

I authorize Michigan State University to record and photograph my image and/or voice and/or that of the subject named below for use by Michigan State University Community Music School or its assignees in research, education and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Name of Camper _____ **Signature** _____
(please print) (Parent/guardian must sign here if camper is under 18 years of age.)

Date _____

- ♪ Remember to bring a bag lunch each day (full-day campers only). Please mark participant's name on outside of the bag.
- ♪ If you are interested in applying for financial assistance for the camp, please contact Cindy Edgerton (contact information is listed below).

In order to attend camp, please send this form along with payment (\$200 per camper, \$100 per ½ day camper) to CMS, 4930 S. Hagadorn Road, East Lansing, MI 48823. Make check payable to Michigan State University. Please contact Cindy Edgerton at edgerto3@msu.edu, (517) 884-4828 or (517) 667-8326 with questions/concerns. Registrations will be accepted until camp reaches capacity. A waiting list will be created once camp is full.