

**Please return this completed form to the Community Arts Program, or bring it with you upon checking in (required).**

**1. 2009 WVU High School Flute Camp Medical Record Information**

Student's Name: \_\_\_\_\_

Medical condition of student that we or a doctor should know about in case of an emergency – please identify and describe (list medications currently taking):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies of the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and contact info of a medical doctor in the Morgantown area who you would want us to notify in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact to notify if needed:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**2. Permission Form**

\_\_\_\_\_ (Student) has received my permission to be a participant in the 2009 WVU High School Flute Camp at the College of Creative Arts, Division of Music, Evansdale Campus. Neither the College, the Division, nor West Virginia University will be assume responsibility for any injury or serious illness to students attending this workshop. Should emergency services be needed for any reason, I will be responsible for the charges incurred.

Parent's signature:

\_\_\_\_\_ Date \_\_\_\_\_