Medical and Surgical Treatment Authorization:

I hereby authorize and give my consent to the health authorities of Washington State University or any licensed physician to perform upon or administer to: (participant name)_____ any reasonable necessary medical or surgical treatment. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, blood transfusions, and minor operations and procedures.

In the event of indicated major surgery, or major operation, the University authorities or physicians are not hereby excused from making a reasonable attempt to contact me by phone or mail before relying upon this authorization. This authorization does not entitle the service or physician to render any medical or surgical treatment without the participant's personal consent, unless the participant is unable to give consent. This permission is good only while the participant is attending a camp sponsored by Washington State University and only until the participant has attained his/her eighteenth birthday.

I freely sign this authorization in consideration for permission for my child or ward to participate in camp. I understand that I will be responsible for any medical expenses in connection with the participant's attendance at this camp.

I HAVE READ THIS FORM AND I AM SATISFIED THAT I UNDERSTAND ITS CONTENTS AND SIGNIFICANCE.

_____	_____
Signature of Parent or Guardian	Printed Name
_____	_____
Relation to Participant	Date

Emergency Information and Release Form

As parent/guardian, I hereby authorize the directors and staff of the WSU Oboe Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release WSU Oboe Camp and Washington State University. I know of no medical or physical problems which might affect my child's ability to participate in this program. I will be responsible for any medical or other charges in connection with his/her attendance at WSU Oboe Camp. I have read the rules and regulations of WSU Oboe Camp and my child and I agree to abide by them. I understand that failure to abide by the rules and regulations may result in the student being dismissed from the program.

Student's Name _____ Birth Date _____

Parent/Guardian's Name _____

Parent/Guardian's Address _____

Day Phone _____ Evening Phone _____ Emergency Phone _____

Special Medical Conditions (attach additional page if necessary)

_____

Allergies to drugs: ____ Yes ____ No If yes, please list: _____

Allergies to foods: ____ Yes ____ No If yes, please list: _____

Allergies to bee stings that require medication ____ Yes ____ No

Special dietary restrictions _____

Other pertinent information (including medications the student is currently taking)

Insurance Company Name _____

Insurance Company Address _____

Policy Number _____ Group Number _____ Subscriber's Name _____

Family Physician _____ Phone number _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____