

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

1. 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:

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 2007 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 _____