

**Winter Opera Saint Louis
Summer Sensation Training
Health Information & Consent to Treatment Form
Please return with camp application.**

1. Camp or Program: _____
Dates: _____

2. Participant's Name: _____
(last, first, middle)

3. Home Address / Phone: _____
(street/route) (city or town) (state) (zip) (phone)

4. Parent's Names:
Mother (or Guardian): _____
(last, first, middle)

Father (or Guardian): _____
(last, first, middle)

5. Work Address / Phone
Mother (or Guardian): _____
(employer) (street/route)

(city or town) (state) (zip) (phone)

Father (or Guardian)

(employer) (street or route)

(city or town) (state) (zip) (phone)

6. Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.

Special Needs _____
Diseases/Syndromes _____
Allergies _____
Activity Restrictions _____
Necessary medications _____
Other _____

8. Physician to be contacted in case of emergency:
Name Phone: _____

Address _____

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above.
(Signature of parent or guardian) (date) _____

— CONSENT OF TREATMENT

I hereby authorize **Winter Opera Saint Louis and its Agents** to provide or obtain emergency medical care for _____, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature: _____ Phone: _____
(parent or guardian if student is under 18 years of age)

Relationship to Minor: _____