

# OPUS Chamber Music Camp 2010 Season



## FACULTY and STAFF MEDICAL INFORMATION

Name: \_\_\_\_\_

Name, relationship and phone number of nearest relative(s) and/or emergency contact(s)  
to notify in event of illness:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

List all known allergies or any asthma condition:

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

List any medical or physical condition of which the Camp Administration should be made aware.  
Please describe:

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

I certify to the best of my knowledge this information is correct.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)