

Medical Authorization Form



PERSONAL INFORMATION

All information on this form will be considered confidential. Withholding or falsifying information will absolve the University of Rochester of any responsibility should complications result. This form is the only medical record that will be on file for the student. Please print.

_____ Female Male _____ / ____ / ____
Last name, First name Date of birth

_____ _____
Parent/Guardian responsible for medical bills Program student is attending

_____ (_____) _____
Primary doctor Doctor's phone with area code

_____ _____
Doctor's address City/State/Zip

Medical Insurance/Hospitalization (please provide companies and policy numbers) _____

MEDICAL HISTORY

Any serious or ongoing medical problems (i.e. diabetes, duodenal ulcers, asthma, seizures, etc.)? Yes No (If yes, describe below)

- Does the student need any special consideration on the advice of a physician? Yes No
- Does the student need any special consideration on the advice of a psychiatrist, psychologist, or mental health therapist? Yes No

If the answer is yes to either of the previous questions, a letter from the student's physician or counselor/therapist should be attached or sent separately to the Summer Session Office, Eastman School of Music, 26 Gibbs Street, Box 36, Rochester NY 14604). Such information will be considered confidential and privileged.

- If there is anything in your religious beliefs that should be given consideration in the treatment of the student's health or in case of an emergency, enclose a note of explanation.
- If your student will be requesting reasonable accommodations on the basis of a disability please call 585-274-1074.

MEDICATION

Is the student on medication? Yes No If yes, please list below:

Medication	Dosage	Condition treated
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATION POLICY

All medications must come in separate **original** labeled containers. Medications must not expire before the end of the session. Prescription medications must be written in the name of the student. **All medication (prescription or non-prescription) must be accompanied by a patient-specific written order from a licensed prescriber.** Pharmacy labeling on the medication is not sufficient for this purpose as the medication, dosage, and or regimen may have been changed since the pharmacy filled the prescription. This is a NY State requirement.



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RESTRICTIONS/ ALLERGIES

Any current restrictions on activity or diet? Yes No If yes, please list below:

Allergies to:

<u>Food</u>	<u>Medications</u>	<u>Other</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMMUNIZATIONS

New York State requires the following immunizations. Please specify the most recent date of immunization for each.

Diphtheria:_____ Tetanus:_____ Polio:_____ Measles #1:_____ Measles #2:_____ Mumps:_____ Rubella:_____
Haemophilus influenza type B:_____ Hepatitis B:_____ Varicella (chicken pox) :_____ Meningococcus:_____

If the student has not received all immunizations, please explain the reason:_____

If not immunized for Meningococcus, my signature below certifies that I have read and understand the information on the website at www.esm.rochester.edu/summer/meningococcus and vaccination is declined at this time.

AUTHORIZATIONS

CONSENT FOR MEDICAL CARE AND REFERRAL: I consent to authorize the University of Rochester to refer my child for consultation to any licensed medical specialist as judged necessary and give authority and power to any such physician or surgeon to render any and all such diagnostic procedures, examinations, care, or treatment that he/she may deem necessary or advisable. Parents will be charged for all medical care, dental work, prescriptions, antibiotics, glasses, x-rays, consultations, and transportation required for such appointments. Eastman School of Music faculty or staff may accompany the student as circumstances warrant, and is authorized by the University of Rochester to sign proper permits.

SERIOUS ACCIDENT OR ILLNESS: In case of serious accident or illness involving my child while he/she is in the custody of the Eastman School of Music or its employees every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent cannot be reached. In such situations, I authorize University of Rochester personnel to make provisions for treatment with the appropriate medical personnel or facility.

PARENTS AND STUDENTS ACKNOWLEDGEMENT: Answers to the questions above are valuable to health care while participating in Summer@Eastman. Questions must be answered fully and correctly. The Eastman School of Music reserves the right to dismiss any student or to cancel any contact if incorrect information is supplied on this form. I certify that all the answers I have given on this Medical Record form are complete and accurate to the best of my knowledge.

Signature of parent or guardian _____ Date ____/____/____

Signature of student _____ Date ____/____/____

SEND ALL FORMS TO:

Summer@Eastman Office
Eastman School of Music
26 Gibbs Street, Box 36
Rochester, NY 14604-2599
or email to:
summer@esm.rochester.edu
or FAX: (585) 274-1089

