



Medical Information & Permission Form

Student name: _____

Date of last tetanus immunization: _____

Allergies: _____

Chronic medical issues or conditions that could limit participation in any artistic, social, or athletic activities, or of which you would like us to be aware: _____

Emergency Contact #1 (non-parent):
Name: _____
Phone: _____
Email: _____

Emergency Contact #2 (non-parent):
Name: _____
Phone: _____
Email: _____

Preferred Hospital: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Medical Insurance Provider: _____ Policy Number: _____

Subscriber Name: _____ ID# or SSN: _____

I give permission for _____ to receive medical treatment (including medication, laboratory studies, x-rays, emergency services, blood transfusions, surgery, etc.) and/or emergency transport by ambulance upon the authorization of the ACMF staff. I understand that every attempt will be made to contact me if a medical emergency arises. I also understand that in the event the preferred doctor/dentist/hospital is not available, another licensed physician or dentist, or a reasonably accessible hospital will be used. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists conclude it necessary.

I further give permission for standard doses of the following medication to be administered by ACMF staff as deemed necessary:

- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Other _____
- Bismuth Subsalicylate (Pepto Bismol)
- Bacitracin & Polymyxin B (Polysporin)

Any medications brought onto campus by students must be turned in to ACMF staff upon arrival with detailed instructions for administration.

Student signature (required): _____ Date: _____

Guardian signature (required): _____ Date: _____



Liability Release

Participant's Name: _____

Parent/Guardian's Name: _____

Waiver of Liability:

I recognize and acknowledge that there are certain risks of physical injury and property as my child participates in this program, and I agree to assume the full risk of any injuries, including personal injuries, property damages, and expenses, which he/she may sustain as a result of participating in any and all activities connected with or associated with the activity. I further agree to waive and relinquish all claims to fully release, discharge, indemnify, hold harmless and defend the Atlanta Chamber Music Festival and its employees, volunteers, and agents from any and all claims resulting from injuries, including personal injuries, property damages, and expenses, all claims resulting from injuries, including personal injuries, property damages, and expenses, sustained by my child and arising out of, connected with, or in any way associated with the activities of the program. The participant assumes all risks associated with participation in the program.

Medical Release:

In case of emergency, accident, or illness, I give my permission for the above participant to be treated by a professional medical person and admitted to a hospital, if necessary, I agree to be the party responsible for all medical and hospital expenses incurred on behalf of the above participant. If there are any special auxiliary aids or services that are necessary to reasonably accommodate the participant with a disability an equal opportunity to participate in and enjoy the benefits of the program of activity, please specify them on a separate, confidential sheet.

Parent Permission:

I, parent of (or legal guardian for) the above participant, hereby consent to his/her participation in this activity. I authorize the leadership to transport the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in this program. On behalf of the participant listed above, I accept the waiver of liability and medical release provisions of this form. I have read the Waiver of Liability, Medical Release, and Parental Permission, and understand all of their terms.

Signature of Participant (over 18 only) or Parent/Guardian

Date



Photo Release Form

Date: _____

Student Name: _____

Parent's Name: _____

I hereby authorize ACMF (Atlanta Chamber Music Festival) to publish the photographs or video taken of my child, and their name, for use in printed publications, videos, and on authorized Web sites. I acknowledge that since my child's participation in media produced by ACMF is voluntary, we will receive no financial compensation. I further agree that my child's participation in any media produced by ACMF confers no rights of ownership whatsoever to me or my child. I release ACMF and their employees/contractors from liability for any claims by me or any third party in connection with their participation.

Signature of Participant (over 18 only) or Parent/Guardian Date



Code of Conduct

Participant's name: _____

ACMF operates according to the following code of conduct to ensure that the rights of all individuals are protected while attending the camp and to establish the safest and best possible learning environment for all camp participants.

Expectations:

All students, parents, and staff are expected to treat one another with respect, to show equal respect to the property of others, and to behave in a way which does not endanger, intimidate, or interfere with the participation of others. Students are expected to follow the instructions given by ACMF faculty and staff.

I agree to the following, with the understanding that failure to adhere to these policies may result in disciplinary action up to and including my immediate expulsion from ACMF with no refund of fees:

1. I will not be in possession of cigarettes or any tobacco products, alcohol, non-prescribed drugs, weapons, or pornographic material on campus at any time.
2. I will not use language which is intentionally offensive, sexist, or racist.
3. I will refrain from fighting, bullying, harassment, or other forms of aggressive behavior.
4. I will not leave campus boundaries without express permission from festival directors and parent or counselor supervision.
5. I will not behave in a manner which damages or vandalizes the property of others or the Agnes Scott campus.
6. I will not behave in a manner which is potentially dangerous to myself or others.
7. I will not allow a student of the opposite gender into my dorm room without a counselor present.
8. I will be in my residence hall by 10:00 p.m. each evening.

Other Policies:

1. Students who drive themselves to camp must turn in car keys to staff upon arrival. Keys will be returned upon departure.
2. Any medication brought to campus by students must be turned in to camp staff with instructions for administration.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____



Optional Private Lessons

Additional private lessons are available at the rate of \$60 per hour or \$30 per half-hour and will usually take place during recreation time. If you would like to schedule private lessons, please return this form with the others in your packet **along with a check made out directly to the teacher**. We will let the teacher know, and they will schedule the lesson with you during recreation hours.

Student Name: _____ Instrument: _____

Preferred teacher (if applicable): _____

How many lessons would you like to take during ACMF (circle one)? 1 2

Lesson length (circle one)? 30 mins (\$30 each) 60 mins (\$60 each)

Total cost: _____

Check made out to teacher included (required – lessons will not be scheduled if payment is missing)