

East Carolina University Summer Band Camp

HEALTH CERTIFICATE
Present at registration

June 14-19, 2009
Please print

NAME: _____ AGE: _____

HOME ADDRESS _____
Street City State Zip

PARENTS NAME _____ HOME PHONE _____

INSTRUMENT _____ SERIAL NUMBER _____

I certify that I have examined the above person and declare that he/she is in good health.
This student may participate in FULL _____ LIMITED _____
camp activities.

SIGNED: _____ DATE _____
Examining physician

EMERGENCY MEDICAL TREATMENT: In the event of a serious illness or injury
requiring immediate care during the period of ECU Summer Band Camp, I hereby
authorize consent to emergency treatment on behalf on my minor son/daughter.

SIGNED: _____ DATE _____
Parent or legal guardian

A more specific health information form will be supplied by the ECU Infirmary for
filling out a registration. This form will accompany any student who needs treatment at
the Infirmary.