



# NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON PERMISSION FORM

This form must be mailed to the NYSMF office prior to registration.

Student's Name \_\_\_\_\_

NEW YORK SUMMER  
MUSIC FESTIVAL  
PO BOX 947  
ONEONTA NY  
13820

PHONE  
607.267.4024

FAX  
888.632.3221

EMAIL  
INFO@NYSMF.ORG

WEB  
WWW.NYSMF.ORG

Please complete all sections by checking YES or NO.

### OFF-CAMPUS TRIPS

Buses or vans driven by properly licensed and authorized operators will provide transportation for off-campus events.

Does the student have permission to be transported off-campus for field trips or other Festival-sponsored events?  YES  NO

Does the student have permission to be transported off-campus for swimming with lifeguards on duty?  YES  NO

### MOVIES

Students under 15 will not be allowed to attend R-rated movies regardless of permission.

+Does the student have permission to see:  YES  NO  
+PG-rated movies  YES  NO  
+PG-13 rated movies  YES  NO  
+R-rated movies  YES  NO

### IN-TOWN

All students are allowed off-campus only when accompanied by a counselor or as part of a NYSMF sponsored activity.

Does the student who is under 18 have permission to go off-campus with a counselor who is 18 or over for a non-NYSMF-sponsored event? (i.e. trip to the store for supplies, movie, or meal)  YES  NO

Does the student who is under 18 have permission to go off-campus in a counselor's car with a group of students?  YES  NO

Does the student have permission to go off-campus with anyone other than his/her own parents/guardians? If YES, list names below:  YES  NO

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

Basic standards and regulations bind the Festival together and are set to keep the organization strong and viable. Students are expected to dress neatly, assume individual responsibility for maintaining their rooms and caring for their instruments, and behave in an acceptable manner on and off campus. All New York Summer Music Festival participants are required to comply with Festival and college policies. NYSMF reserves the right to send a student home for any infraction, without refund, including, but not limited to violation of any federal, state or local law, or infractions of rules set forth in the student code of conduct. Any student found using or possessing illegal drugs or alcoholic beverages, engaging in physical violence of any kind, making life-threatening statements, or found in an opposite sex dorm or in a dorm that houses members of any other program on the SUNY Oneonta campus will be dismissed from the Festival immediately without refund. Students are not permitted to smoke during the Festival. All students must show all faculty, staff and other students respect at all times.

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is done via email.

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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## NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON HEALTH FORM CHECKLIST

All parts of the Medication, Health Examination, and the Meningitis Response Forms must be completed and returned to the Festival two weeks prior to arrival on campus:

**HEALTH EXAMINATION FORM** – to be completed by parent or guardian - complete all sections, being sure to sign and date at bottom of form.

**PHYSICAL EXAM** – (*within past year*) **SCHOOL PHYSICAL ACCEPTABLE**  
Performed by physician, physician's assistant, or nurse practitioner who will fill out the second page of the Health Examination Form and the Medication Form.

**UPDATED IMMUNIZATION RECORD**

- a. 2 MMR dates are mandatory  
Measles, Mumps, Rubella
- b. Please be sure to complete the Meningitis Vaccination Response Form.
- c. **THIS FORM MUST BE COMPLETED AND RETURNED WITH THE HEALTH EXAMINATION FORM.**

**MEDICATION FORM** – **must be completed for every student.**

NEW YORK STATE DEPARTMENT OF HEALTH LAW now **requires** that the Health care provider (doctor, nurse practitioner, physicians assistant) must complete the medication sheet for both over-the-counter and prescription medications. Medications will not be dispensed if this form is not completed and signed by parent and health care provider, this includes all over-the-counter medications.

### IMPORTANT NOTES

**ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATION TO BE TAKEN BY THE STUDENT (UNDER 18 YRS. OLD) MUST BE LEFT AND KEPT AT THE FESTIVAL NURSE'S OFFICE WHERE A SCHEDULE WILL BE SET UP FOR DISPENSING OF THE MEDICATION. ALL MEDICATIONS MUST BE IN THE PHARMACY BOTTLE OR ORIGINAL STORE CONTAINER WITH PROPER LABELING.**

**IT IS ADVISED, PRIOR TO MAILING THESE FORMS THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION. NO STUDENT WILL BE ALLOWED TO STAY AT THE FESTIVAL WITHOUT COMPLETED HEALTH FORMS.**

**THESE RULES ARE IN COMPLIANCE WITH THE REGULATIONS OF THE NEW YORK STATE DEPARTMENT OF HEALTH.**

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NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON
HEALTH EXAMINATION FORM (PAGE 1 OF 2)

All Health Forms MUST be sent to NYSMF at Least 2 weeks Prior to Your Arrival

This side to be completed by a PARENT or GUARDIAN

SESSION: I II III

Name (last), (first), (initial) Birthdate / / Sex M F Age

Parent/Guardian (last), (first) Home Phone ( )

Work Phone ( ) Mobile Phone ( )

Home Address Street & Number City State Zip

If unreachable in an emergency, please notify:

#1: Name Phone ( ) / ( ) Address Relationship to Student

#2: Name Phone ( ) / ( ) Address Relationship to Student

PERSONAL HISTORY: (check any conditions you have had)

- Alcohol Dependency, Allergy, Anemia, Asthma, Bronchitis, Chicken Pox, Diabetes, Drug Dependency, Eczema, Emotional Problems/Counseling, Heart Disease, Jaundice, Kidney Disease, Pneumonia, Rheumatic Fever, Scarlet Fever, Seizure Disorder, Tonsillitis, Recurrent Ear Infection

OPERATIONS, INJURIES & HOSPITALIZATIONS (with dates)

PRESENT MEDICATIONS OR TREATMENTS

PLEASE LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS

IMPORTANT: Please notify the Festival if this student is exposed to any communicable disease during the three weeks prior to attending the Festival.

PERSONAL HEALTH INSURANCE CO.

ADDRESS ID#

PARENT AUTHORIZATION: This health history is accurate to the best of my knowledge, and the person herein described has my permission to engage in all planned Festival activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the health care provider selected by the Festival Administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the student as named above.

Parent / Guardian's Signature

Date

NAME Last First

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NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON
HEALTH EXAMINATION FORM (PAGE 2 OF 2)

Name (last) (first) Birthdate / /

IMMUNIZATIONS REQUIRED PRIOR TO REGISTRATION

TETANUS-DIPHTHERIA TOXOID (BOOSTER WITHIN 10 YRS.) DATE / /

Hib vaccine DATES 1st 2nd 3rd 4th
OR date of illness

Hepatitis B vaccine DATES 1st 2nd 3rd

POLIO VACCINE (complete series of Oral/Salk) DATES

MMR (Mumps, Measles, Rubella) (after 1st birthday) DATES 1st 2nd

OR

\*MUMPS VACCINE (after 1st birthday) DATE

\*MEASLES VACCINE (after 1st birthday) (2 doses mandatory) DATES 1st 2nd

\*RUBELLA VACCINE (after 1st birthday) DATE

OR

MUMPS TITER (valid only if lab report included) RESULT DATE

MEASLES TITER (valid only if lab report included) RESULT DATE

RUBELLA TITER (valid only if lab report included) RESULT DATE

VARICELLA VACCINE DATE OR DATE OF ILLNESS

MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN, PHYSICIAN'S ASSIST/NURSE PRACTITIONER

This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

CODE: (-) Satisfactory (x) Not Satisfactory (explain) (o) Not Examined

Height Weight B.P.
Eyes Teeth Extremities
Glasses Heart Posture (spine)
Ears Lungs Skin
Nose Abdomen Allergy
Throat Hernia

Recommendations and restrictions while at the Festival

Special Diet

Medications (identify)

Dispensing protocol

Can this student participate in unrestricted recreational activity?

If no, explain:

Other:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in Festival activities, except as noted above.

Signature of Examining Physician/Physician's Ass't/Nurse Practitioner Date

Phone ( ) ADDRESS

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# NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON MEDICATION FORM

Must be completed and signed by Parent & Health Care Provider

Student Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Weight \_\_\_\_\_

**Standard Over the Counter Medications:** Any over the counter medications the student plans to bring to the Festival must be added to this list. **No over-the-counter medications can be dispensed without completion of this form.**

| DRUG NAME | ROUTE<br>[ PLEASE CIRCLE<br>PREFERRED<br>FORMULATION(S) ] | DOSAGE | SCHEDULE<br>&<br>INDICATIONS | CAMPER<br>HEALTHCARE<br>PROVIDER<br>ORDER             | COMMENTS |
|-----------|---|--------|------------------------------|---|----------|
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |
|           |   |        |                              | <input type="checkbox"/> Y <input type="checkbox"/> N |          |

### Prescription Medications

Must complete with patient's current regimen for both scheduled and PRN medications - use 2<sup>nd</sup> page if needed)

| DRUG NAME | ROUTE | DOSAGE | SCHEDULE<br>& INDICATIONS | COMMENTS |
|-----------|-------|--------|---------------------------|----------|
|           |       |        |                           |          |
|           |       |        |                           |          |
|           |       |        |                           |          |
|           |       |        |                           |          |
|           |       |        |                           |          |
|           |       |        |                           |          |
|           |       |        |                           |          |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian's Signature Date

Health Care Provider (MD,NP,PA)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ License# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON MENINGITIS INFORMATION

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The following information is to notify you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

The New York Summer Music Festival is required to maintain a record of the following for each student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student's parent or guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine — AND EITHER —
- A record of meningococcal meningitis immunization with immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States –types A, C, Y and W – 135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at [www.meningitisvaccine.com](http://www.meningitisvaccine.com). The meningococcal vaccine is not available for your son/daughter at the Festival.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form on the back of this letter and return it to the New York Summer Music Festival, PO Box 947, Oneonta, NY 13820 at least 2 weeks prior to the student's arrival at the Festival.**

To learn more about meningitis and the vaccine, please consult your child's physician. You can also find information about the disease at the New York State Department of Health website: [www.Health.State.NY.US](http://www.Health.State.NY.US), and [www.CDC.GOV/NCIDOD/DBMD/DISEASINFO](http://www.CDC.GOV/NCIDOD/DBMD/DISEASINFO).

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**NEW YORK SUMMER MUSIC FESTIVAL + 2011 SEASON  
MENINGITIS VACCINATION RESPONSE FORM**

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13820

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New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

- My child has had the meningococcal meningitis immunization within the past 10 years.

Menomune - Date \_\_\_\_\_

OR

Menactra - Date \_\_\_\_\_

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my son/daughter will **not** obtain immunization against meningococcal meningitis disease.

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent / Guardian's E-Mail Address

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