

## Stanford Jazz Workshop Health and Parental Responsibility Agreement (for students under 18)

To be completed by parent(s) or legal guardian(s); please type into the form or print out and write neatly.

Minor's Full Name

Physician Name

Date of Birth

Age

Physician Phone

Medical Insurance Provider

Policy Number

### Please provide the following information. Use the back of this form if necessary

Any current medications? Yes No If yes, please list: \_\_\_\_\_

Any allergic reactions (food, medication, insect bites, etc.) Yes No If yes, please explain: \_\_\_\_\_

Other chronic medical or behavior conditions that might affect your child's participation at Jazz Camp, or which are important for us to know? (e.g., ADHD, asthma, dizziness, seizures/syndromes, etc.) Yes No If yes, please explain: \_\_\_\_\_

### Medical Waiver, Release, and Indemnification

We the undersigned are the parents or legal guardians of the above named minor (the "Student"). We entrust the care of the Student to Stanford Jazz Workshop (SJW) to act as our agent concerning health care during the Jazz Camp and Jazz Residency programs.

We give permission for SJW program staff to provide routine healthcare, first-aid, administer prescribed and over the counter medications as described and seek emergency medical treatment for the Student. We give permission for SJW program staff to arrange for medical transportation, if necessary, for the Student. In case of emergency, we understand that all reasonable efforts will be made to contact us. But, in the event we cannot be reached, we hereby give permission for medical personnel selected by SJW's designated healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, X-rays, surgery or special procedures if deemed medically necessary for the Student. We understand that all medical costs are our financial responsibility and agree to pay for all charges associated with procuring or providing medical care to the Student.

We authorize the above listed medications to be administered by SJW program staff, as directed, to the Student. We understand that all medications, prescribed and over-the-counter, must be in their original packaging and labeled with the Student's first and last name, and provide specific instructions including dosage and times of day to be administered. If the medication is prescribed, a pharmacy label must be on the packaging.

We agree to indemnify, defend and hold harmless SJW, its employees, directors, agents, and representatives, and Leland Stanford Junior University, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) sustained by the Student, or to his/her property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with intentional and/or negligent conduct during the Student's participation in the Jazz Camp, Jazz Residency, or recreational or athletic activities during the time these programs are offered.

We acknowledge the Student is responsible for the safety and security of his/her musical instruments, equipment, and personal belongings and for loss or damage arising from mischievous acts, vandalism, or other causes. We understand that Stanford University is a drug-free environment: consumption of alcohol or unlawful drugs or the smoking of any substance is prohibited at Jazz Camp and Jazz Residency and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior of the Student should arise, and in the exclusive judgment of SJW the Student should be sent home before the end of the program, we authorize SJW to do so, and agree to reimburse SJW for any reasonable costs associated with this dismissal. We understand that we will not be entitled to any refund in the event of such early dismissal.

Name of Parent/Legal Guardian (please print)

Name of Parent/Legal Guardian (please print)

Signature

Date

Signature

Date

Address

Address

City

State

Zip

City

State

Zip

Home Phone Work Phone Cell Phone (please indicate which)

Home Phone Work Phone Cell Phone (please indicate which)

E-mail Address

E-mail Address

### Additional person or local contact to notify in case of emergency:

Name and Relationship to Student

Home Phone Work Phone Cell Phone (please indicate which)

E-mail Address

May Student be released to this person's care? Yes No

Please fax this form to 650-856-4155, or mail it to Stanford Jazz Workshop, Box 20454, Stanford, CA 94309