### SUNDAY, JUNE 18 (REGISTRATION/CHECK-IN DAY)

#### RESIDENT

*Bring this guide with you for registration on Sunday and take it home with you for your reference.*

Please bring the following signed items with you to registration:
- CAMP ELECTIVE FORM page 9
- PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE page 10
- RELEASE FROM LIABILITY AGREEMENT page 11-12
- YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS pages 13-14
- CAMP HEALTH FORMS pages 15-22
  *COPY OF YOUR HEALTH INSURANCE CARD (front & back)*

**10:00 AM - 12:00 PM**
**Check in**

All campers check in at Ellsworth Hall, 1734 Engel Road. Arrange LATE ARRIVAL with camp staff in advance. Leave all belongings in your vehicle until after you have checked in.

**12:00-1:00 PM**
**Lunch on your own**

**1:00-1:45 PM**
**Opening Meeting**

130 Murphy Hall, 1530 Naismith Drive
- All campers and parents
- Faculty & staff introductions
- Brief orientation
- Optional private lessons sign-up and payment immediately following the meeting.
- Parents are free to leave after the meeting.

**1:45-3:30 PM**
**Auditions**

Audition individually to determine placement in the chamber, jazz and large ensembles. See page 6 for audition information.

**3:30 PM**
**Resident Campers meet in 130 Murphy Hall**

**5:00 PM**
**Dinner at Mrs. E’s**

1532 Engel Road

**7:00 PM**
**Large Ensemble Rehearsals**

- This is the first large ensemble rehearsal.
- Please report to rehearsal by 6:45 p.m. to find chair placement and be seated.
- Chair placements will be posted by 6:30 p.m. around Murphy Hall and the residence hall.

**8:30**
**All-Camp Meeting**

For all campers in 130 Murphy Hall

**8:45**
**Conclude meeting**

Finish meeting and return to the residence hall with the counselors.

#### COMMUTER

*Bring this guide with you for registration on Sunday and take it home with you for your reference.*

Please bring the following signed items with you to registration:
- CAMP ELECTIVE FORM page 9
- PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE page 10
- RELEASE FROM LIABILITY AGREEMENT page 11-12
- YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS pages 13-14
- CAMP HEALTH FORMS pages 15-22
  *COPY OF YOUR HEALTH INSURANCE CARD (front & back)*

**10:00 AM - 12:00 PM**
**Check in**

All campers check in at Ellsworth Hall, 1734 Engel Road. Arrange LATE ARRIVAL with camp staff in advance.

**12:00-1:00 PM**
**Lunch on your own**

**1:00-1:45 PM**
**Opening Meeting**

130 Murphy Hall, 1530 Naismith Drive
- All campers and parents
- Faculty & staff introductions
- Brief orientation
- Optional private lessons sign-up and payment immediately following the meeting.
- Parents are free to leave after the meeting.

**1:45-3:30 PM**
**Auditions**

Audition individually to determine placement in the chamber and large ensembles. See page 6 for audition information.

**3:30 PM**
**Commuter Campers are free until 6:45 PM**

**7:00 PM**
**Large Ensemble Rehearsals**

- This is the first large ensemble rehearsal.
- Please report to rehearsal by 6:45 p.m. to find chair placement and be seated.
- Chair placements will be posted by 6:30 p.m. around Murphy Hall and the residence hall.

**8:30**
**All-Camp Meeting**

For all campers in 130 Murphy Hall

**8:45**
**Pick up commuter campers**

Murphy Hall – Circle Drive on Naismith Dr.
### RESIDENT CAMPERS

**MONDAY, JUNE 19 - WEDNESDAY, JUNE 21**
Classes/rehearsals/meetings: 8:30 a.m. to 5:00 p.m. daily.

**THURSDAY, JUNE 22 (CONCERT DAY)**
LIED CENTER OF KANSAS (1600 STEWART DRIVE)

**HS CRIMSON BAND**
- Eat breakfast & pack all except concert dress
  - 8:00-8:30 AM - Dress rehearsal @ Lied Center
  - 8:45 AM – Return to Ellsworth Hall to:
    - Check out/Parents pick up campers’ belongings
    - Eat lunch @ Mrs. E’s

**HS BLUE BAND**
- Eat breakfast & pack all except concert dress
  - 8:00-8:30 AM – Warm Up in Pavilion
  - 8:45-9:15 AM – Dress Rehearsal on Stage
  - 9:30 AM – Return to Ellsworth Hall to:
    - Check out/Parents pick up campers’ belongings
    - Eat lunch @ Mrs. E’s

**MS CRIMSON BAND**
- Eat breakfast & pack all except concert dress
  - 8:45-9:15 AM – Warm Up in Pavilion
  - 9:30-10:00 AM – Dress Rehearsal on Stage
  - 10:15 – Return to Ellsworth Hall to:
    - Check out/Parents pick up campers’ belongings
    - Eat lunch @ Mrs. E’s

**MS BLUE BAND**
- Eat breakfast, pack all belongings, WEAR concert dress
  - 9:30-10:00 AM – Warm Up in Pavilion
  - 10:15-10:45 AM – Dress Rehearsal on Stage
  - 11:00 – Return to Ellsworth Hall to:
    - Check out/Parents pick up campers’ belongings if you haven’t already
    - Eat lunch @ Mrs. E’s

**Parents should check their students out of Ellsworth Hall and pick up their belongings prior to the concert. This can be done any time before or after the student’s dress rehearsal up until 12:00 p.m. In an extreme circumstance where parents cannot check their child out before the concert, the student’s belongings will be stored under counselor supervision until picked up post performance.**

**Campers can eat lunch at Mrs. E’s if desired return to Lied by 12:00pm for full camp photo.**

**12:30**
Full Camp Photo
All campers report to Lied Center Stage for Full Camp Photo. After photo, depart to assigned warm-up area.

**12:45**
MS & HS Band Concert
Order of performance: MS Blue Band, MS Crimson Band, HS Blue Band, HS Crimson Band

### COMMUTER CAMPERS

**MONDAY, JUNE 19 - WEDNESDAY, JUNE 21**
Classes/rehearsals/meetings: 8:30 a.m. to 4:45 p.m. daily.

**8:15 AM** Drop off/Check-in with Head Counselors in Rm. 134

**5:00 PM** Pick up/Check-out with Head Counselors in Rm. 134

**If staying for evening activities and choosing to eat at Mrs. E’s Commuter Campers will need to bring $12 to pay for their dinner...lunch is included in the camp fees, but dinner is not.**

**THURSDAY, JUNE 22 (CONCERT DAY)**
LIED CENTER OF KANSAS (1600 STEWART DRIVE)

**HS CRIMSON BAND**
- Wear concert dress or bring to change into
  - 8:00-8:30 AM - Dress rehearsal @ Lied Center
  - 9:00 AM - Change into concert dress (if not already)
    - Eat lunch @ Mrs. E’s if you desire

**HS BLUE BAND**
- Wear concert dress or bring to change into
  - 8:00-8:30 AM – Warm Up in Pavilion
  - 8:45-9:15 AM – Dress Rehearsal on Stage
  - 9:30 AM – Change into concert dress (if not already)
    - Eat lunch @ Mrs. E’s if you desire

**MS CRIMSON BAND**
- Wear concert dress or bring to change into
  - 8:45-9:15 AM – Warm Up in Pavilion
  - 9:30-10:00 AM – Dress Rehearsal on Stage
  - 10:15 AM – Change into concert dress (if not already)
    - Eat lunch @ Mrs. E’s if you desire

**MS BLUE BAND**
- **WEAR** concert dress
  - 9:30-10:00 AM – Warm Up in Pavilion
  - 10:15-10:45 AM – Dress Rehearsal on Stage
  - 11:00 AM – Eat lunch @ Mrs. E’s if you desire

**Parents can pick campers up after their dress rehearsal if they so desire and return them to the Lied Center by 12:00pm for full camp photo and concert.***

**OR***
Campers can eat lunch at Mrs. E’s if desired then return to Lied by 12:00pm for full camp photo.

**12:30**
Full Camp Photo
All campers report to Lied Center Stage for Full Camp Photo. After photo, depart to assigned warm-up area.

**12:45**
LIED CENTER STAGE
Order of performance: MS Blue Band, MS Crimson Band, HS Blue Band, HS Crimson Band
Contacting Campers

- KU Band office (785) 864-3367 (Daytime hours only)
- Campers are rarely in the camp office; plan for your child to return your call.
- While students may have cell phones, they must be off during classes, rehearsals, concerts, activities, etc.
- If a phone is confiscated, work with the camp administrator to arrange its return.

Packages, Deliveries, and Mail

- The front desk at Ellsworth Hall is unable to accept packages or items dropped off by parents.
- Take delivered items to the camp office in 124 Murphy Hall.
- Due to the short duration of our camp, we do not recommend mailing packages or letters to the campers.

Concert Dress

- Students should dress in concert clothing with suitable shoes for all final concerts.
  - Option 1: Black pants, black dress shoes and black socks, and a white dress shirt or polo shirt.
  - Option 2: Black or white dress (please remember that you will be seated on stage), or a black skirt or pants and a white blouse.
- Shorts, sneakers, and/or jeans are not acceptable attire for concerts.

Audition Results

Posted audition results are available at Murphy Hall and in Ellsworth Hall before the first rehearsal.

T-Shirts Photos and Recordings

- All campers will receive a camp shirt at registration.
- Available for purchase on Thursday in the Lied Center Lobby:
  - Group photos
  - Video of the performances

Refunds

There are no refunds once camp starts.

Meals

- Meal plans (lunches) are included in your fees and begin with lunch on Monday and end with lunch on Thursday.
- Commuters are required to eat lunch up at Mrs. E’s with the entire camp.

Health Care

- Health forms are required for attendance.
  - Please fill them out in advance and bring them with you to camp registration.
- Midwestern Music Camps use Watkins Health Center on KU’s campus for non-emergency medical attention (open from 8:00 a.m. to 4:30 p.m.).
Health Care continued

- Midwestern Music Camps use Lawrence Memorial Hospital (325 Maine St, Lawrence, KS 66044). All charges for medical services are the responsibility of the camper and their parent/guardian.
- You will need to provide a photocopy of your insurance card (front and back) to accompany health forms.
- Please report health problems, chronic ailments, severe allergies/location of any epi pens should a counselor need to assist, and any continuing medications to your Counselor when you check in.

Private Lessons

- A limited number of private lessons are available.
- Students may sign up for up to two lessons for the week.
- Private lessons are $40 per half hour
- Payable by cash, checks, or Venmo to the individual instructor at the sign up.
- Sign up for private lessons after the opening meeting on Sunday.

Lockers

Midwestern Music Camps provides Murphy Hall lockers to students who require them and assign them based on instrumentation.

What to Pack

- Clothing - Bring neat, casual, hot-weather attire with comfortable shoes for daily activities. T-shirts must reflect good taste and shorts are acceptable as long as they provide adequate coverage. For strapped shirts, follow the ‘two-finger rule’: straps should be at least as wide as the index and middle fingers combined. Shirts must not show an inappropriate amount of skin. Open back shirts (i.e. halter-tops) are not permitted. No undergarments should be visible. Midwestern Music Camps recommends a sweater, jacket, or sweatshirt in case it gets chilly.
- There is a great deal of walking up and down Daisy Hill every day. Be sure to bring comfortable shoes made for walking (i.e. sneakers) not flip-flops or sandals. Your feet will thank you!
- Do not forget concert attire!

Linens

- The residence hall does not provide linens or mattress pads.
- You must bring your own bedding, sheets, pillow, towels, and washcloths.
- Mattresses in Ellsworth Hall are extra-long twin. If you do not have an extra-long twin sheet set, two regular (flat) twin sheets will work.

Health Care continued

- Midwestern Music Camps use Lawrence Memorial Hospital (325 Maine St, Lawrence, KS 66044) for emergency medical services are the responsibility of the camper and their parent/guardian.
- You will need to provide a photocopy of your insurance card (front and back) to accompany health forms.
- Please report health problems, chronic ailments, severe allergies/location of any epi pens should a counselor need to assist, and any continuing medications to your Counselor when you check in.

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- Sign up for private lessons after the opening meeting on Sunday.

Lockers

Midwestern Music Camps provides Murphy Hall lockers to students who require them and assign them based on instrumentation.

Instruments and Music

- Please do not forget to bring your instrument.
- Also, bring sufficient reeds, cork grease, valve oil, mutes, rosin, etc.
- Midwestern Music Camps provides percussion instruments but percussionists must bring their own sticks and mallets.
- Bring prepared audition music and scales (sight-reading may be tested at the audition).
- If you are signing up for private lessons, you should bring music that you would like to work on.
- Make sure to label everything with your name!

Other Items

- Students may choose to bring a small amount of cash for vending machines.
- The KU School of Music and Midwestern Music Camps are not responsible for lost, broken or stolen items.
Toiletries
- Make sure to bring your own soap, shampoo, sunscreen, toothbrush/toothpaste, and shower shoes.

Instruments and Music
- Please do not forget to bring your instrument.
- Also, bring sufficient reeds, cork grease, valve oil, mutes, rosin, etc.
- Midwestern Music Camps provides percussion instruments but percussionists must bring their own sticks and mallets.
- Bring prepared audition music and scales (sight-reading may be tested at the audition).
- If you are signing up for private lessons, you should bring music that you would like to work on.
- Make sure to label everything with your name!

Laundry
- Laundry facilities and ironing boards are available at Ellsworth Hall
- There is no cost for the machines.
- Bring your own laundry detergent, an iron, and a laundry bag if you plan to do laundry while at camp.

Other Items
- You may choose to bring other helpful items to camp: umbrella, hangers, alarm clock, water bottle, healthy snacks, camera, playing cards, games, etc.
- Students may choose to bring a small amount of cash for vending machines.
- The KU School of Music and Midwestern Music Camps are not responsible for lost, broken or stolen items.
Audition Music

Woodwind & Brass campers prepare:
- A short audition selection of student’s choice (an etude, solo piece, short passage from band or orchestral music) that best demonstrates their ability level
- Two scales of the student’s choice
- Sight-reading may be chosen by the woodwind & brass faculty

Percussion campers prepare:
- A short selection of the student’s choice on mallets (etude, solo piece, short passage from band or orchestral music)
- A short selection of the student’s choice on snare (etude, solo piece, short passage from band or orchestral music)
- Two scales of the student’s choice on mallets
- Two rudiments of the student’s choice on snare
  Brief sight-reading on mallets and snare may be chosen by the percussion faculty
Location Map

Exit #202                       Interstate 70

To Topeka, West KS
McDonald Drive

6th Street

9th Street

Lied Center

Iowa Street/US59

Bob Billings

Constant Avenue

Research Circle

15th Street

Murphy Hall

Parking Garage

15th Street

Sunnyside Ave.

Sunnyside Ave.

Summerfield Hall Dr.

21st Street

23rd Street/K-10

Note: Naismith Dr., Sunnyside Ave., & Summerfield Hall Dr. around Murphy Hall will be closed for the duration of Midwestern Music Camp.
Map of 1st Floor - Murphy Hall (School of Music)

Please note: This map is of the First Floor of Murphy Hall only. Please try to utilize the two entrances marked on the map so that you do not get lost in the building. There will be signage inside the building to direct you.

Loading Dock area will not be accessible during the camp.

**NOTE:** Naismith Dr., Sunnyside Avenue and Summerfield Hall Drive, AKA Loading Dock, will be closed for access to Murphy Hall.
2023 Midwestern Music Camp
Elective Sign-Up Sheet

Camper Name ___________________________________________________________

Instrument ___________________________________________________________

Circle your grade for this upcoming fall 6  7  8  9  10  11  12  college

Please rank your top six choices for your afternoon elective class. This class will meet three times during the week. List your top choice as #1 and last choice as #5. Bring this form with you to registration on Sunday, June 12. We will have extra copies at registration. Some classes will have limits due to size.

_____________ Choir Elective – take a break from playing, and sing for a bit!

_____________ Games (board games, outdoor yard games, card games, NO Video Games)

_____________ World Drumming (open to all campers) - An introduction to various drumming genres and ensemble playing from around the world. Drums are provided.

_____________ Guitar (open to all campers) - An introduction on how to play the guitar; beginner level only. Guitars are provided. Limited Number for this class.

_____________ Movie – Enjoy an hour relaxing while watching a movie

_____________ Jazz Improv – an opportunity for interested Jazz musicians to improve their Improv and Jazz theory skills.

_____________ Vocal Jazz – expand your vocal skills with some jazz techniques.

_____________ Musical Flex – each day something different...perhaps learn how to deal with performance anxiety, or practice techniques, or how to audition better, etc.
PHOTO, VIDEO, AUDIO, AND INFORMATION RELEASE

***Please print, sign, and turn in at registration***

| Model Release for Youth (18 and under) participating in programs at University of Kansas |
| Agreement by the participant to confer rights to use photographs, videos or media recordings by the University of Kansas |
| I hereby give my consent for my film, video, audio or photographic likeness, recorded while participating in programs at the University of Kansas, to be used by the University of Kansas, or any of its agencies and affiliates, including the KU Endowment Association, in any way related to the publicity programs of this organization. |
| Date | Current academic year-grade level |
| Address (Street / PO Box) |
| City | State | Zip |
| Name (please print) |
| Signature |
| Name of parent or guardian (please print) |
| Parent's or guardian's signature |
| Name of Youth Program / Camp |

The Purpose of Photography/Videography/Film

- Photography/videography produced for official University business is used for various recruitment media and/or websites related to your school or program, the office of admissions and the University at large.
- If you have been asked to participate in a photo or video opportunity, you may choose to opt out but must make that known to program staff and/or to media staff present. In many cases, we ask for permission in advance. Program participants must sign, as well as their parent/guardians a model release. Your signed model release is regarded as confidential information.
- You will not be identified by name when your photo/video is reproduced, but we may mention your youth program, year in school, and hometown. If you are the subject of a news story or award presentation, we'll ask permission to use your name.
- Commercial use by outside parties is prohibited. However, the University occasionally allows use of photos by news media and by non-profit organizations, such as the Chronicle for Higher Education, Association of American Universities (AAU), and by affiliates such as the KU Endowment Association.
- We strongly encourage participants and chaperones to refrain from posting online or using any photo of another youth program participants without his/her permission, especially if s/he is largely singled-out, identified or recognizable.
- The University thanks you for participating and helping raise KU to a broader view.
RELEASE FROM LIABILITY AGREEMENT

***Please print, sign, and turn in at registration***

UNIVERSITY OF KANSAS

IMPORTANT: THIS IS A LEGAL DOCUMENT, PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities associated with this program.

Participant (print full name): ___________________________________________________
Program: ________________________________________________________________

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the events and/or the activities which take place in the above named program.

ASSUMPTION OF RISK

I will participate or authorize the Participant to participate in the above program at the University of Kansas (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to property damage, illness, injury, or death. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the inherent risks and danger involved and hereby agrees to assume and accept any and all risk of property damage, illness, injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Participant or Guardian/Parent of Participant understands and acknowledges that the University of Kansas ("University") is not an insurer of Participant's behavior, actions or participation in the program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, Kansas Board of Regents, State of Kansas and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program.
Participant or Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Kansas and that this Agreement will be governed by and construed in accordance with the laws of the state of Kansas, without application of any principles of choice of law. Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

TERMS AND CONDITIONS

Participant represents that participant does not have any medical conditions that would prevent participation in the program. Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

Participant represents and agrees that participant will observe all state and federal laws and University of Kansas policy and safety rules in conjunction with participation in the above identified program.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Participant ____________________________ Date ____________________________

I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Signature of Legal Guardian and/or Parent of Participant ____________________________ Date ____________________________
YOUTH PROGRAM/CAMP GUIDELINES AND EXPECTATIONS

***Please print, sign, and turn in at registration***

Name of Camper: ___________________________________________

Instrument or Voice: _________________________________________

• Program participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the program/camp.

• Participants must abide by rules and guidelines set by the program instructors for each facility in use.

• Program participants (under the age of 18) are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, the Program Director must receive prior written permission from the parent or guardian, and grant specific information.

• Program participants must abide by all parking rules and regulations. KU is not responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.

• The University of Kansas prohibit the use of alcohol and other illegal substances. Program participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.

• In accordance with state law, smoking is prohibited by anyone under the age of 18. Smoking is not permitted in any buildings on the University of Kansas campus.

• Program participants will refrain from using electronic devises (mobile phones, tablets, computers, etc.) during instructional periods unless authorized by program staff.

• Program participants should not abuse Internet privileges. Attempting to access unauthorized sites is strictly prohibited.

• Program participants found tampering with any fire equipment (fire alarms, smoke detectors, fire extinguishers, etc.) will be dismissed from the program immediately. Participants may not interfere with any security system or tamper with locks in buildings, other participant rooms and other areas.

• Vandalism and pranks will not be permitted. Any damages caused to university property (classrooms, labs, housing, common areas, etc.) will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages university property.
Specific to residential/campus housing programs:

- Program participants will abide by nightly curfew and “lights out” announcements from the Program Director and/or Program Staff. Participants must be in their OWN room at lights out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after "lights out”.

- All furniture must remain unchanged and kept in place.

- Coed visitation in KU Housing is permitted in common areas only. The only people permitted in rooms are program staff, members of the participant’s immediate family, the participant’s roommate/s and other program participants of the same gender.

- Program participants should keep their rooms locked at all times even if leaving for only a few minutes. The University of Kansas, nor program staff is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables, including jewelry, iPods, cell phones, etc. may be brought, but only at participant’s own risk.

________________________________________________________________
Signature of Parent / Guardian                Date

________________________________________________________________
Printed Name of Parent / Guardian

________________________________________________________________
Signature of Camper                Date
Parent / Guardian Packet

Health Services Information and Required Forms for Youth Program Participant
PARENTS / GUARDIANS OF YOUTH PROGRAM PARTICIPANTS

Watkins Health Services (WHS) is the student medical clinic on the Lawrence Campus of the University of Kansas. Occasionally, participants in youth programs/camps (i.e. “campers”) are brought to WHS for medical needs and we assure you that WHS provides these campers with the same high quality care that KU students receive. All of our healthcare providers are board certified and many of our staff members are also parents. We understand the needs of campers and the concerns of parents, so if a camper comes to WHS for care, we will contact the parent or guardian as soon as possible (in compliance with Kansas laws)

While we are not an Emergency Room, we do stabilize and transfer patients if that is needed. Most of the time, we only address the immediate issue and refer the patient back to their family physician for follow-up care.

We request that you complete this packet of forms and submit it to the Youth Program Director. In the unlikely event that your camper requires medical care during the program/camp, the forms will be brought to WHS to provide our staff important information about the camper’s health conditions as well as emergency contact information in order to facilitate care.

Please understand, there are charges for office visits as well as for any services ordered such as lab tests, X-rays, medications, etc. If any charges are to be billed to an insurance company, a copy of the participant’s insurance card(s) must also be provided during the initial visit.

PLEASE NOTE: We do not bill Medicare, Medicaid, KanCare, etc. as WHS is not a participating provider with these or similar government programs. Those charges would become the parent’s/guardian’s responsibility as noted on the enclosed Treatment Agreement.

If your camper is bringing any personal medication or medical device to campus, please be sure that:
1) The camper fully understands how and when to take the medication or use the device;
2) The device or any remaining doses of the medication return home with the camper at the end of the program.

For more information about the services and healthcare providers at WHS, please visit our website: www.studenthealth.ku.edu

If we can be of further assistance or answer any questions about this packet, please feel free to contact our Business Office at 785.864.9520.
**Youth Program Participant’s Health History Form**

This completed form must accompany the individual on first visit to Watkins Health Services (WHS).

It is essential that our Treatment Agreement is signed by a parent or guardian.

**Name of Program / Camp:** 

**Name & Contact Information for Program’s Director:** 

<table>
<thead>
<tr>
<th>Youth's Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth Date</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Street</td>
<td>City, State</td>
<td>Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact, if other than above:</td>
<td>Name</td>
<td>Best Phone # to call</td>
<td></td>
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</tr>
<tr>
<td>Relationship to Youth</td>
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<tr>
<td>Name of Family Physician</td>
<td></td>
<td>Phone #</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. **Does the youth have any significant illness or disability?** ☐ NO ☐ YES If yes, please explain __________________________

2. **Please check if the youth has or has had any of the following health conditions:**

   - ☐ Asthma
   - ☐ Mental health
   - ☐ Dizziness/fainting
   - ☐ Diabetes
   - ☐ Epilepsy/seizures
   - ☐ Kidney problems
   - ☐ Gastrointestinal problems
   - ☐ Cardiac
   - ☐ Headaches
   - ☐ Other __________________________

3. **Has the youth had any other significant illnesses, injuries, or surgeries?** ☐ NO ☐ YES If yes, please explain __________________________

4. **Medications and their dosages taken by the youth**

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<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason Taken</th>
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</table>

5. **Immunization History – Please provide DATES for the following OR provide a copy of an Official Immunization Record**

   - Last Tetanus (Tdap) booster: __________________________ (should be updated no longer than every 10 years)
   - DTaP 1st________________________ 2nd________________________ 3rd________________________ 4th________________________ 5th________________________
   - MMR 1st________________________ 2nd________________________
   - Polio 1st________________________ 2nd________________________
   - Meningococcal conjugate vaccine (MCV)
   - Hepatitis A 1st________________________ 2nd________________________
   - Hepatitis B 1st________________________ 2nd________________________ 3rd________________________
   - Chicken Pox (Varicella) 1st________________________ 2nd________________________
   - TB skin test – Date of Negative Result________________________ OR Positive Result __________________________

6. **Is the youth allergic to any medications?** ☐ NO ☐ YES If Yes, please list __________________________

7. **Does the youth have any other allergies?** ☐ NO ☐ YES If Yes, please list __________________________

8. **Do any allergies require an EPI Pen to accompany camper?** ☐ NO ☐ YES If Yes, please list __________________________

   **If necessary, please attach additional health information.**

AD 021-1  
R: 12/27/2016  
WATKINS HEALTH SERVICES  
THE UNIVERSITY OF KANSAS
TREATMENT AGREEMENT

CONSENT TO TREATMENT

1. I consent to such health care as deemed necessary by the Watkins Health Services (WHS) providers including examinations, x-rays, lab tests, medication, and other diagnostic or therapeutic treatments. I understand no promises or guarantees have been made to me regarding the services received at WHS.

2. I understand it is my right to discuss any proposed treatment or service with my provider and that I may refuse such treatment or service.

3. I understand in some circumstances additional lab tests (reflex tests – usually done without needing a return visit or additional specimen) may be necessary due to an initial lab result; and I am consenting to such tests as part of the standard of care. My provider will explain when these tests may be needed.

4. I understand WHS is a teaching health facility and that students and residents acting under the supervision of licensed clinical staff may observe or be involved in my care. I understand I may decline such involvement by the student or resident.

5. I understand persons involved in WHS operations who are in the area during my patient care experience (e.g. WHS administrative staff or surveyors, building maintenance staff, or medical equipment technicians) may receive incidental knowledge of my care. I understand these individuals are bound by the same confidentiality regulations as the WHS providers.

GENERAL CONDITIONS FOR TREATMENT

6. I understand I should fully participate in my care by asking any questions about my condition or treatment and that I should provide complete and accurate information to the best of my ability about my health, including all medications and over-the-counter products and dietary supplements and any allergies and sensitivities. I understand that I should follow the treatment plan prescribed by my provider.

7. I understand WHS is not responsible for loss or damage to clothing, jewelry or other valuables in my possession.

8. I acknowledge the use of any video or audio capturing device during my appointment (camera, cell phone, etc.) must be discussed with the provider who will make the final decision on such use on a case-by-case basis.

9. I understand if I have tests or services performed at WHS which are ordered by an outside provider, the reports on those services will be sent to that provider and will also be included in my WHS medical record. It is my responsibility to follow-up with the outside provider concerning those results.

10. I will be respectful of all other patients and the staff in the health center.

11. I understand this Treatment Agreement will remain in effect as long as I receive treatment and services at WHS.

INSURANCE ASSIGNMENT

12. I hereby assign all benefits payable under the terms of my insurance policy/healthcare coverage to WHS, and I authorize payment directly to WHS for any claim filed on my behalf or on the behalf of the person for whom I am duly authorized to sign for insurance benefits. I understand that if my healthcare coverage changes, I am to notify WHS Business Office.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

13. I understand if KU waives my full required campus fees OR prorates the fees (student enrolls in less than 6 hours in fall/spring or less than 5 in summer) and I seek care at WHS during that semester I will be charged the remainder of the required Health Fee to enable me to receive full services.

14. I understand WHS does not contract with all insurance companies and it is my responsibility to know if my insurance plan provides coverage for WHS services or requires a referral or pre-approval for such services.

15. I understand WHS is not a contracting provider for and cannot bill Medicare or Medicaid. If I have these government healthcare benefits, I am responsible for paying all WHS charges, and then seeking reimbursement from these programs.

16. I understand I am financially responsible to WHS for any charges and deductibles not covered by my health insurance and if I do not pay my bill within 90 days of my date of service, my overdue account will be sent to the University’s Student Account Services office for collection resulting in an enrollment HOLD being placed on my University account.

17. I understand if I do not want my health insurance billed or a statement sent for my charges, I must immediately advise the WHS Business Office. Such charges become my responsibility.
18. I understand if I make an appointment and then fail to keep the appointment without notifying WHS at least 2 hours prior to my scheduled time, I will be assessed a "No Show" charge. 

_____________________________ Date of birth: ____________ KU ID# __________________ Date: ____________  
Print Patient Name (mm/dd/yyyy)  
Signature (Patient, or Personal Representative)  
Printed Name and Description of Personal Representative’ Authority to act
CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

In our Notice of Privacy Practices (NPP) we provide you information about how Watkins Health Services can use or disclose your youth program participant’s medical information. As described in our NPP, we request your consent for any use or disclosure of medical information to carry out treatment, payment, or health care operations. You have a right to review our NPP before signing this Consent. It is available online:

Or you may call and request that one be sent to you: 785.864.9507

By signing this Consent form, you:
(1) Acknowledge that a copy of the NPP has been provided or offered to you; and
(2) Consent to our use and disclosure of your participant’s health information for treatment, payment, or health care operations, as described in the NPP.

You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed any health information in reliance upon this Consent.

__________________________________________________________________________________________
Print Name of Youth Program Participant Date

__________________________________________________________________________________________
Signature (Parent, Guardian or Representative) Relationship to Participant

__________________________________________________________________________________________
Print Name of Parent, Guardian or Representative Phone number for Parent, Guardian or Representative
NOTICE OF PRIVACY PRACTICES

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Your Rights
You have certain rights regarding your health information which are explained in the following section.

- Get a copy of your medical record: You can ask to see or get a copy of your medical record and other health information Watkins has. Check to find out if we have electronic or paper versions available. We will provide a copy or a summary of your health information within 10 days of your request. We may charge a reasonable, cost-based fee.

- Ask to amend your medical record: You can ask us to amend your health information which you think is incorrect or incomplete. We may say “no” to your request, but you’ll be told the reason in writing within two weeks.

- Ask for confidential communications: You can ask us to contact you in a specific way (e.g., home or cell phone), or to send mail to a different address. We will accept all reasonable requests.

- Ask to limit what we use or share: You can ask that certain health information for treatment, payment, or our operations not be used or shared. We may decline your request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accept your request unless a law requires the information be shared.

- Get a list of those with whom we’ve shared your information: You can ask for one free accounting each year of the times we’ve shared your health information for six years prior to your request date including the recipient and reason for sharing. All disclosures will be included except those about treatment, payment, and health care operations, and certain other disclosures (such as for public health purposes). There will be a charge for more than one accounting within 12 months.

- Get a copy of this notice: You can promptly receive a paper copy of this notice at any time, even if you have reviewed the notice electronically.

- Choose someone to act for you: If you have given someone a power of attorney (POA) or if you have a legal guardian, that person can act for you and make choices about your health care. If the POA includes access to your health information, you have the right to withhold disclosure of information to the other person. Ask a WHS Registration staff member to exercise this right.

- File a complaint if you feel your rights are violated: Without retaliation, you can complain if you feel we have violated your rights by contacting the Privacy Officer for this Clinic, or the KU HIPAA Privacy Official at 785-864-9525. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will work to follow your instructions. Your information is never shared for marketing purposes or sold to another entity without your permission.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care, and share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Consent for Uses and Disclosures
I understand and consent for WHS to use or share my health information in the following ways:

- Treatment: Shared with other professionals treating you. Example: Watkins and the KU Counseling and Psychological Services Department may exchange your information as necessary solely to provide you treatment in either unit.

- Department Operation: Used to run our practice, improve your care, and contact you when necessary. Example: We use health
information about you to improve our services or for health education training.

- **Payment for services:** Used to bill and get payment from health insurance plans or other entities. *Example:* Information to your health insurance plan so it will pay for your services.

- **Other:** Shared in the following ways after meeting any required legal conditions:

  1) Help with public health and safety issues: Situations such as: a) Preventing disease by outbreak reporting, b) Helping with product recalls, c) Reporting adverse reactions to medications, d) Reporting suspected abuse, neglect, or domestic violence, e) Preventing or reducing a serious threat to anyone’s health or safety; 2) Research: Health research purposes ONLY when you have authorized it and when that research is approved under a strict new process and is compliant with federal regulations for human research; 3) Comply with the law: If local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law; 4) Address workers’ compensation, law enforcement, and other government requests: a) For workers’ compensation claims, b) For law enforcement purposes or with a law enforcement official, c) With health oversight agencies for activities authorized by law, d) For special government functions such as military, national security, and presidential protective services; 5) Respond to lawsuits and legal actions in response to a court or administrative order, or in response to a subpoena. For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **I have the right to revoke consent** to use and disclose my health information as described in this document in writing at any time, except where we have already used or disclosed such information based on this consent.

**Our Responsibilities**

A record containing medical information about you is generated each time you receive services at Watkins. This section explains a bit more of our responsibilities:

- We are required by law to maintain the privacy and security of your protected health information
- We must inform you if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and provide you a copy of it. You are always welcome to download the current electronic version from our website
- We will not use or share your information other than as described here unless you approve in writing. If you do so, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Watkins Health Services
Large Group Photograph Order Form

Student Name __________________________
Phone Number:____________________
Address: __________________________________________________________

Street , City, State, Zip

Professional photographs will be taken of each ensemble during today’s performances. Don’t miss the chance to have a permanent record of all the new friends your student made this week!

Images are 8.5x11” professional prints, and price includes shipping and sales tax.

Ensemble Quantity Price Total

Middle School Blue Band _____ $17.00 _____
Middle School Crimson Band _____ $17.00 _____
High School Blue Band _____ $17.00 _____
High School Crimson Band _____ $17.00 _____
Full Camp week 2 Photo _____ $17.00 _____

Total _____

Prices include shipping and sales tax. www.robichaud.photography jrobichaud6@comcast.net

Checks to: JR Event Photo CC: _____ _____ _____ _____ ____ _____
Card CCV Exp