



# MASTER PLAYERS FESTIVAL

University of Delaware  
Newark, DE

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## .....Medical Form

Please fill out and send this form to MPF Director of Admissions, Justin Chou

JustinChou@live.com

請您將此表格在6月31日前完成並用電子郵件方式寄給  
JustinChou@live.com

**\* denotes required entry** 必須填寫內容

Last Name姓                      First Name名                      M.I.                      Nickname                      Suffix

Gender  
性別

Date of Birth

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## Emergency Medical Information 健康及保險信息

*(insurance information is required for domestic participants)*

*If a field does NOT apply to you, please simply enter "none"*

Medical Insurance Company  
醫療保險公司名稱

Insurance ID Number  
您的保險卡號碼

Name of Policy Holder  
保險計畫被保人姓名

Policy Holder's Date of Birth 保險計畫被保人生日

List current medical conditions of which the camp should be aware (if none, say "none") 請列出您過去和現在所有的病症及症狀

List current medications with generic name (if none, say "none") 請列出您目前服用的所有處方藥之英文或拉丁文名稱

Will the staff of MPF need to remind the student to take his/her own medication?

What is your blood type? 您的血型是?

Yes

No

List known allergies (include any diet restrictions. If none, say "none") 請列出您過敏的所有藥物及食物, 及忌口

List any previous Major Surgeries

List any current limitations on physical activity

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**Has the student ever been diagnosed with any of the following?  
Please check Yes or No**

ADHD	Anxiety	Asthma/ Peak Flow	Autism	Bi-Polar Disorder
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

Chest Pain	Chronic Ear Condition	Depression	Diabetes	Dizziness with Exercise
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No
Eating Disorder	Fainting	Hay Fever	Hearing Loss	
Yes	Yes	Yes	Yes	
No	No	No	No	
Heart Disease	Hepatitis	Hernia	Hives	Join/Back Problems
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No
Mononucleosis	Rheumatic Fever	Seizures	Severe Headache	
Yes	Yes	Yes	Yes	
No	No	No	No	
Tendonitis or Muscle Pain	Tuberculosis	Any other ailments we should know about:		
Yes	Yes			
No	No			

## **Medical Terms and Agreements**

Master Players Festival offers a program that includes, but is not limited to, music instruction, off campus events, recreation and other activities as designed and implemented by our staff. I, the undersigned, certify that I am in good health and am able and willing to participate in such a program.

Furthermore, in consideration for this sponsorship, I hereby assume all risks and hazards associated with the participation of this program. I agree to hold harmless Master Players Festival (and its affiliates) and all staff and faculty from any and all claims for personal injury or damage to property arising out of the participation in this program, whether the result of negligence or any other cause.

I hereby grant Master Players Festival and any of its directors or staff full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release them from any liability for such actions taken on my behalf.

Please type your full name below to agree.

*University of Delaware, China Music Foundation, CACI, Blue Resources USA LLC, and MPF staff and faculty cannot be held responsible, in the absence of their own gross neglect, for events over which they have no control, nor for acts and omissions by persons, companies or agencies, including hotels, airlines, restaurants, sea and land transportation companies, which are not directly controlled by University of Delaware, China Music Foundation, CACI, Blue Resources USA LLC, and MPF staff and faculty.*

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**CACI** CREMONA ARTS  
CENTER  
INTERNATIONAL  
凯西蒙迪国际艺术中心



**Blue**  
**Resources**  
藍資源(美國)

Dare to be first.  
**UNIVERSITY OF**  
**DELAWARE.**

More information can be found at [Our Official Website](#)