

UNT | DALLAS™

Department of Public Safety Risk and Emergency Management

Programs for Minors Medical Information and Release Form

NAME OF YOUTH CAMP: _____

NAME OF CAMP PARTICIPANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT /GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

CELL PHONE: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

DOES THE PARTICIPANT HAVE HEALTH INSURANCE? _____

If yes, upload a copy of the front and back of the insurance card.

Insurance Card

List any chronic or acute medical problems: _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present time: _____

List any other conditions we should be aware of: _____

My child has permission to attend a youth camp on the University of North Texas at Dallas campus. I fully realize that injury or illness to my child may result from or during participation in the youth camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at a local hospital or elsewhere.

Signature: _____ Date: _____