

**Program for Minors  
Medical Information Form**



**NAME OF PROGRAM:** \_\_\_\_\_

**NAME OF PROGRAM PARTICIPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**\*Optional Information (next two questions): \*HEIGHT:** \_\_\_\_\_ **\*WEIGHT:** \_\_\_\_\_

**PARENT (or guardian) NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CELL PHONE:** ( ) \_\_\_\_\_ **EMERGENCY PHONE:** ( ) \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**CELL PHONE:** ( ) \_\_\_\_\_ **EMERGENCY PHONE:** ( ) \_\_\_\_\_

**PRIMARY CARE PHYSICIAN:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

**DO YOU HAVE HEALTH INSURANCE?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

_____	_____	_____
NAME OF CARRIER	POLICY NUMBER	Name of Primary Insured

**A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED.**

Does the Program Participant have any chronic or acute medical problems? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please explain: \_\_\_\_\_

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 Program for Minors sponsored by the University of North Texas. I fully realize that injury or illness to my child may result from or during participation in the program. 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 program representatives to sign on my behalf. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of North Texas Student Health and Wellness Center, at a local hospital or elsewhere.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_