## UNIVERSITY OF NORTH TEXAS YOUTH CAMP MEDICAL INFORMATION AND RELEASE FORM

NAME OF CAMP PARTICIPA	.NT				
ADDRESS					
CITY	STATE_		ZIP		
DATE OF BIRTH	SEXHI	EIGHT		WEIGHT	
PARENT (or guardian) NAME_					
ADDRESS					
CITY	STATE		ZIP		
HOME PHONE: ( )	WORK	PHONE: (	( )		
EMERGENCY CONTACT NA	ME				
ADDRESS					
CITY	STATE		ZIP		
HOME PHONE: ( )	WORK	PHONE: (	( )		
PRIMARY CARE PHYSICIAN	[:				
ADDRESS					
CITY	STATE		_ZIP		
PHONE: ( ) Please give us the name of your	health/accident insurance ca	. ,	nd appropria	te policy certificate numb	per (s):
NAME OF CARR	IER		POL	CY NUMBER	
PLEASE ATTACH A COPY	OF YOUR INSURANCE (	CARD.			
Does this student have any Please explain:		1			
List any allergies to food, p	oollen, or medicine:				
List any medications being taken	a at present time:				
My child has permission to attend a my child may result from or during					

My child has permission to attend a youth camp on the University of North Texas 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 the University of North Texas Student Health and Wellness Center, at a local hospital or elsewhere.

Parent or Legal Guardian:

Date: \_\_\_\_\_