

UNT YOUTH CAMPS/CONFERENCES

MEDICAL INFORMATION FORM--UNT

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SEX _____ HEIGHT _____ WEIGHT _____

PARENT (or guardian) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: () _____ WORK PHONE: () _____

FAMILY DOCTOR: NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____

Please give us the name of your health/accident insurance carrier (s) and appropriate policy certificate number (s):

NAME OF CARRIER POLICY NUMBER

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Does this student have any chronic or acute medical problems? _____

Please explain: _____

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

List any medications being taken at present time: _____

MEDICAL RELEASE FORM

My son/daughter does have permission to attend a Youth Camp/Conference on the University of North Texas Campus. I fully realize that injury or illness to my son/daughter could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at the University of North Texas Health Center or, if necessary, at a local hospital.

Parent or Legal Guardian _____

Signature Required

Date