

The University of Texas at San Antonio

Medical Information and Release Form • Minor



The medical release, application, and parental waiver should be completed and returned with payment and registration. No camper will be permitted to participate without a parental signature waiver and medical release form. This information is kept confidential. University employees will only use information you provide here if needed.

Name of Camper:		Last		First	Middle	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address: _____							
Code	Number and Street (Include apartment #)			City	State	Zip	
Telephone: () _____				Birthdate: ____ / ____ / ____			

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone (Home): _____ (Area Code) Number (Work): _____ (Area Code) Number (Cell): _____ (Area Code) Number

Additional Emergency Contact: _____ Phone: _____ (Area Code) Number

I authorize UTSA staff to contact the above person in case of a health emergency.

MEDICAL/INSURANCE INFORMATION

Allergies: _____

Current Medical Conditions: _____

Current Medication(s), including Dosage(s): _____

Other pertinent medical information: _____

Insurance Company: _____ Telephone: () _____

Group #: _____ Policy #: _____ ID#: _____

Phone Number (for benefit verification): _____ (Area Code) Number

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the University of Texas at San Antonio and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all costs, claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date