

The University of Mississippi • OFFICE OF PRE-COLLEGE PROGRAMS

MEDICAL FORM: Treatment Consent and Liability Release

This form grants permission to the Pre-College Programs Staff and the University of Mississippi to seek medical treatment for a student in the case of any such emergency or need to see a physician arises. **A copy of insurance card (front and back), copy of parent's drivers license and shot records needed for treatment must be included with this form.** This form is required for all students attending a Summer Camp or Program and must be submitted at least two weeks prior to the start of the camp. Students missing required paperwork will not be allowed to participate.

E.F. Yerby Address: Office of Pre-College Programs; Outreach and Continuing Education; Rm 2; P.O. Box 1848; University, MS 38677
Contact: precollege@olemiss.edu; **Phone:** 662-915-7621; **Fax:** 662-915-1535; **Website:** www.outreach.olemiss.edu/pre_college

STUDENT INFORMATION

Name: _____
First / Middle / Last

Birth Date: ____/____/____ Gender: _____

Custodial Parent/Guardian: _____

Birth Date: ____/____/____

Place of Employment: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Insurance Company: _____
Please attach a copy of the insurance card and any other documents needed to seek treatments.

Insurance Policy # _____

Person Carrying Insurance: _____
If this child is covered by Medicaid, when does the current policy expire?

Students enrolled in UM undergraduate course have access to the UM Student Health Center during regular business hours. All other students are considered visitors of the University and are taken to the Oxford Urgent Care Clinic (during regular hours) or to the Baptist Memorial Hospital Emergency Room. Please note that the Office of Pre-College Programs **cannot administer any medication** to participants (*including over the counter medication such as Tylenol or Advil*). Participants should be able to self-medicate, or parents should make arrangements in the Oxford area. Additionally, our office **will not assume responsibility for holding medications.**

MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE
I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment in the event of an injury or illness while attending a program sponsored by the Office of Pre-College Programs at the University of Mississippi. Furthermore, I accept responsibility for full payment of such treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

 Parent/Guardian Signature

_____/____/____
 Date

MEDICAL INFORMATION

Family Physician: _____

Physician Phone: (____) _____ Fax: (____) _____

What was the date of last Tetanus Immunization or Booster Shot?

Please attach a copy of this from your doctor's office.

Please list any medical conditions for which your child is being treated at this time:

Yes No Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues? *If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.*

Also if yes, please list any medication taken (*please attach any special instructions, if any*):

List any other medications taken:

List any food or medications your child is allergic to:

List restrictions of physical activity that applies to your child:

Yes No Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? *If yes, what kinds of accommodations are needed? :*

