

2009 Kids College Medical Form

This form provides the necessary information and permissions for the UM-Tupelo Kids College staff to seek medical treatment for a child in the case of an emergency.

Student Name _____ Birth Date _____ Social Security Number _____

Custodial Parent or Guardian Name _____

Place of Employment _____ Work Phone Number _____

Parent Home Phone Number _____ Parent Cell Phone Number _____

Insurance Company _____

Insurance Policy Number _____

Name of Person Carrying Insurance _____

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

Family Physician _____

Physician's Office Telephone _____ Fax _____

Date of Last Tetanus Immunization or Booster Shot: _____

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

List any medications taken: _____

List any food/ medications/substances to which your child is allergic: _____

List any restrictions of physical activity that may apply to your child: _____

Children enrolled in Summer 2009 Kids College Camps at the Tupelo Campus are considered special visitors of the University of Mississippi. If medical assistance is needed, Emergency 911 Services will be contacted.

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 participating in the Summer 2009 Kids College at The University of Mississippi-Tupelo. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

Parent/Guardian Signature _____ Date _____