

Weekend College for High School Students Medical Form

Consent for minors attending special programs through The University of Mississippi to receive routine medical treatment.

Name of Special Program: 2004 Weekend College for High School Students

Student's Name _____

Birthday _____ Social Security Number _____

Guardian's Name _____

Address _____

City	State	ZIP
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Telephone _____

Home	Cell	Work
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To Parents:

In order for your son or daughter to receive medical care in the event of illness or injury while participating in a UM program, please give the following information and sign the consent form below:

Insurance Company and Policy No. _____

Name of Person Carrying Insurance _____

Place of Employment _____

Family Physician: Name _____

Address _____

City	State	ZIP
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Telephone _____

Office	Exchange
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Date of last tetanus immunization or booster shot _____

List any medical, psychological, or emotional condition for which your child is being treated at the present time:

List all medications he or she is currently taking:

List all medications to which your son or daughter is allergic:

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

List any disabilities or conditions that would prevent your child from participating in this program without special accommodations:

What kind of special accommodations would your child need to participate in this program?

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 special programs sponsored by UM, and I accept responsibility for the full payment of such medical treatment. I hereby hold the Student Health Service, The University of Mississippi, and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian