

SUMMER PROGRAMS MEDICAL FORM

Student Trooper 2020

Please Print or Type

Full Name _____ Age _____ Birth Date ____/____/____
Last First Middle M D Y

Home Address _____ Phone (____) _____
Box # or Street City State Zip area code

Name, Relationship of Parent or Guardian: _____

Address _____
Box # or Street City State Zip

Parent or Guardian's Phone Number: Day(____) _____ Night (____) _____

Name, Address & Phone of Family Physician _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ (Relationship to delegate): _____

Phone number, Day (____) _____ Evening (____) _____

HEALTH INSURANCE INFORMATION REQUIRED: (A copy of the insurance card, front and back, and the prescription drug card, if applicable, front and back, must be included with this form)

Name of Ins. Co. _____ Subscriber's ID No. _____ Grp. No. _____

Address of Ins. Co. _____ Subscriber's Name: _____

Other: _____

AUTHORIZATION AND CONSENT:

I hereby agree that the attending physician or whomever he or she may designate may undertake treatment, including operations and/or the administration of necessary anesthesia, in serious or major illnesses or injuries without prior notification of the undersigned or any other person, and without obtaining consent of the undersigned or any other person, if in the judgment of the physician or designee it is necessary for health care reasons to proceed with the treatment without delay. I further agree that the attending physician or whomever he or she may designate may evaluate and treat all other injuries or illnesses for which help is sought. In the case of a minor (under 18 years of age) individual, this treatment may proceed without prior notification of the undersigned parent or guardian, although every attempt will be made to notify the parent or guardian in the event of such an injury or illness. I also agree that needed immunizations may be administered. I further agree that any medical information may be released to other health care providers who may be providing care.

***Signature of summer program participant:** _____

***Signature of minor's parent or guardian:** _____

Date: _____

(*This section must have signatures of participant **and** parent or guardian if participant is a minor under the age of 18)
(over)

