

CAT CAMP / MEDICAL EMERGENCY INFORMATION AND CONSENT FOR TREATMENT FORM

Student Info

Student's Name _____

Age _____ Date of Birth (MM/DD/YY) _____ / _____ / _____ Male Female

Home Address _____

City _____ State _____ ZIP _____

Phone (Home) _____ - _____ - _____

Parent Info

Father's Name _____

Phone (Cell) _____ - _____ - _____ (Work) _____ - _____ - _____

Mother's Name _____

Phone (Cell) _____ - _____ - _____ (Work) _____ - _____ - _____

Medical Info

Allergies _____ Current Medications _____

Date of Last Tetanus Booster (MM/DD/YY) _____ / _____ / _____

Physician _____ Phone _____ - _____ - _____

Chronic Illnesses or Conditions _____

Insurance Info

Does the student have health insurance? Yes No

Medical Insurance Company _____ Phone _____ - _____ - _____

Group # or ID # _____ Name of Insured _____

Emergency Contact(s)

First Emergency Contact _____

Phone (Day) _____ - _____ - _____ (Evening) _____ - _____ - _____

(Work/Cell) _____ - _____ - _____ Relationship _____

Second Emergency Contact _____

Phone (Day) _____ - _____ - _____ (Evening) _____ - _____ - _____

(Work/Cell) _____ - _____ - _____ Relationship _____

Consent for Medical Treatment

The attending physician, appropriate staff, the University of Houston, Central Campus and their Board of Regents, officers, employees, representatives shall not be responsible in any way for any consequence from medical treatments and are hereby released from any and all claims and causes of action which may arise insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

The University of Houston does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____ to receive medical treatment.

Signature of Parent or Guardian

Date