

Medical Information & Release
2018 Baylor University Summer Camp
Minor or Adult Participant
(Please complete form in Blue or Black ink)

Participant's Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

E-mail Address: _____ Date of Birth: _____
MONTH DAY YEAR

INSURANCE INFORMATION: (please attach a photocopy of your current Health Insurance Card)

Insured Member's Name: _____ Member ID _____

Health Insurance Provider: _____ Group ID _____

Health Insurance Provider Phone Number (Include an international number if possible): _____

Personal Physician: _____
NAME PHONE

Address: _____
STREET CITY STATE ZIP

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY. PLEASE CONTACT:

Emergency Contact: _____
NAME

Address: _____
STREET CITY STATE ZIP

Phone: _____
HOME CELL WORK

GENERAL HEALTH INFORMATION: (if necessary, attach additional copies of information which address participant health concerns.)

List any health information that would be relevant to an attending physician in the case of an emergency: _____

List any Chronic or Recurring Illnesses or Diseases: _____

List any Food, Medicine, or other Significant Allergies: _____

List any medications being taken at present: _____

Check this box if you acknowledge that the Participant's immunizations are current.

I or MY CHILD plan to attend a Baylor University Summer Camp, hereinafter referred to as "CAMP". I fully realize that injury or illness could result from or during MY or MY CHILD'S participation in the CAMP. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

_____ ADULT PARTICIPANT'S SIGNATURE OR PARENT/LEGAL GUARDIAN'S SIGNATURE _____ PRINTED NAME