



Pre-College Programs

SUMMER MEDICAL FORM

Form 1A - Treatment Consent and Liability Release

REQUIRED DOCUMENTS

- Summer Medical Forms Agreement and Waiver Forms Insurance Card (front and back copy) Parent/Guardian License or state-issued ID

STUDENT INFORMATION

Student's Name (First / Middle / Last)	Date of Birth (mm/dd/yyyy)	Gender
--	----------------------------	--------

PARENT/LEGAL GUARDIAN INFORMATION

Custodial Parent/Legal Guardian's Name	Cell Phone	Alternate Phone
Home Address, City, State, Zip Code	Email	

EMERGENCY CONTACT

Emergency Contact's Name (must be different than above)	Relationship to Student	Preferred Phone
---	-------------------------	-----------------

STUDENT'S MEDICAL INSURANCE

This student is covered by Medical Insurance This student is NOT covered by Medical Insurance (COMPLETE Waiver of Health Insurance form)

Insurance Company	Phone #	Group or Policy #
Member or Policy Holder's Name	Member ID #	
If the student is covered by Medicaid, when does the current policy expire? (mm/dd/yyyy)		

STUDENT'S ALLERGIES AND DIETARY RESTRICTIONS

- No Known Allergies – No Dietary Restrictions
- This student has Allergies and/or Dietary Restrictions (Complete Form 1B)

STUDENT'S MEDICAL CONDITIONS AND PHYSICAL ACTIVITY RESTRICTIONS

- This student is NOT being treated for a medical condition and/or does not have a physical activity restriction
- This student is being treated for a medical condition(s) and/or has physical activity restrictions (Complete Form 1B)

STUDENT'S MEDICATIONS

- This student takes NO Medication on a routine basis
- This student takes Medication(s) (Complete Form 1B)

CONSENT, WAIVER AND RELEASE OF LIABILITY

I consent to participate in the above Ole Miss Summer Camp, Conference, or Program, identified above ("Summer Program"). I understand and acknowledge there are inherent risks in participating in the Summer Program that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume any and all risks associated with in the Summer Program, wherever such participation may occur, including Participant's transit to and/or from the Summer Program.

In consideration my participation in the Summer Program, I knowingly, voluntarily and forever waive, release and discharge Ole Miss from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that either I may incur. I agree to indemnify, hold harmless and covenant not to sue Ole Miss for any claims, damages, personal injury, illness, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees or any other losses or claims of any kind arising out of my involvement with or participation in the Summer Program.

I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before I engage in any Summer Program activity. I represent and warrant that I am physically and/or mentally able to participate in the Summer Program and no physician or other health care provider has advised me otherwise. I am not are aware of any health condition or impairment that would prohibit or otherwise limit my participation. In the event of an illness or injury, I hereby authorize Ole Miss to either administer or secure any and all medical treatment necessary or appropriate and to arrange transportation for such treatment, if necessary. I understand and agree that I am financially responsible for all medical or other expenses incurred because an illness or injury. I agree to indemnify and hold harmless Ole Miss for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree to release, hold harmless, and forever covenant not to sue Ole Miss for any injury arising out of any medical treatment or the administration of medication that I receive.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST OLE MISS. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON ME, AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND ANY OTHER PERSON WHO PURPORTS TO ACT ON OUR BEHALF.

Parent or Legal Guardian's Name (Please Print): _____

Parent or Legal Guardian's Signature: _____ Date: _____



Pre-College Programs

SUMMER MEDICAL FORM

Form 1B – Allergies, Restrictions, and Medications

Complete this form **ONLY** if student has allergies, dietary restrictions, medical conditions, physical restrictions, and/or takes medications

STUDENT INFORMATION			
Student's Name (First / Middle / Last)			Date of Birth (mm/dd/yyyy)
Home Address, City, State, Zip Code			Telephone
STUDENT'S ALLERGIES			
To Foods (list):		Reaction:	
To Medications (list):		Reaction:	
To the Environment/Other (i.e. insect stings, hay fever, etc. – list)		Reaction:	
STUDENT'S DIETARY RESTRICTIONS			
Does your student have a dietary restriction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (list)	
STUDENT'S MEDICAL CONDITIONS AND PHYSICAL RESTRICTIONS			
Medical Conditions (list):		Physical Restrictions (list):	
STUDENT'S MEDICATIONS			
Medication Name and Strength	Dosage	Time(s) Taken Each Day	Reason(s) for Taking
PARENT AUTHORIZATION FOR MEDICATION			
<p>I, the custodial parent/guardian of the listed child, give permission for the participant to take the above listed medication(s) as directed on the packaging. I also understand that the Office of Pre-College Programs, its staff, or other representatives cannot administer any medication to participants (including over the counter medication such as Tylenol or Advil). Participants should be able to self-medicate, or parents should make arrangements in the Oxford area. Additionally, our office will not assume responsibility for holding medications.</p>			
Parent or Legal Guardian's Signature: _____			Date: _____



Pre-College Programs

SUMMER MEDICAL FORM

Waiver of Health Insurance

COMPLETE ONLY IF STUDENT / FAMILY WITHOUT HEALTH INSURANCE

This form is for families that do not currently have health insurance on a student participating in a summer camp or program at the University of Mississippi. This form waives the health insurance requirement for the student and releases the University of Mississippi of financial responsibility in case medical treatment costs are incurred on behalf of the student.

STUDENT INFORMATION		
Student's Name <i>(First / Middle / Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Gender
PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Home Phone	Cell Phone
WAIVER OF HEALTH INSURANCE		
<p>I, the custodial parent/guardian of the listed child, acknowledge that I am fully responsible for all costs incurred in the event that my child requires medical attention. I understand the Office of Pre-College Programs at the University of Mississippi will take the necessary steps to ensure that my child receives necessary medical care. I hereby hold the Office of Pre-College Programs, the University of Mississippi, and its representatives harmless in the exercise of this authority.</p> <p>Parent or Legal Guardian's Signature _____ Date _____</p>		