



Pre-College Programs

PROGRAM MEDICAL FORM

Form 1A - Treatment Consent and Liability Release

REQUIRED DOCUMENTS

- Program Medical Forms Parent/Guardian License or state-issued ID Insurance Card (front and back copy) or Waiver of Health Insurance Form

STUDENT INFORMATION

Student's Name (First / Middle / Last)	Date of Birth (mm/dd/yyyy)	Gender
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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
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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 for my child to participate in the above University of Mississippi Summer Camp, Conference, or Program, identified above ("Program"). I understand and acknowledge there are inherent risks in participating in the Program, including recreational activities such as swimming, that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, drowning, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume, on behalf of my child, any and all risks associated with the Program and related recreational activities, wherever such participation may occur, including my child's transit to and/or from the Program.

In consideration of my child's participation in the Program, both I and my child knowingly, voluntarily, and forever waive, release, and discharge the University of Mississippi from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that my child may incur. I agree on behalf of myself and my child to indemnify, hold harmless and covenant not to sue the University of Mississippi 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 Program.

I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before my child engages in any Program activity. I represent that my child is physically and/or mentally able to participate in the Program and no physician or other health care provider has advised me otherwise. I am not aware of any health condition or impairment that would prohibit or otherwise limit my child's participation. In the event of an illness or injury to my child, I hereby authorize the University of Mississippi 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 of an illness or injury. I agree to indemnify and hold harmless the University of Mississippi for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree on behalf of myself and my child to release, hold harmless, and forever covenant not to sue the University of Mississippi for any injury arising out of any medical treatment or the administration of medication that my child receives.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I AND MY CHILD MAY HAVE AGAINST THE UNIVERSITY OF MISSISSIPPI. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON ME AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNEES, 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

PROGRAM 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	Frequency	Reason(s) for Taking
PARENT AUTHORIZATION TO HOLD 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). I understand my child should be able to self-medicate, or I, the parent, should make arrangements in the Oxford area. I also understand the Office of Pre-College Programs is required to securely hold all prescription medications and will make their medications available on the specified schedule while my child is a participant in the Program.</p>			
Parent or Legal Guardian's Signature: _____		Date: _____	



Pre-College Programs

PROGRAM 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, conference, event, 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 (First / Middle / Last)	Date of Birth (mm/dd/yyyy)	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>		