



MEDICAL INFORMATION AND RELEASE FORM – MINOR

Minor's Name: _____

Address: _____

Phone: _____ DOB: _____ Gender: _____

Description of Activity or Trip: _____

Location: _____ Date(s): _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (other than parent/guardian): _____

Address: _____

Phone: _____ Email: _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies (if none, put n/a): _____ Blood Type: _____

Date of Last Tetanus/Diphtheria Vaccinations: _____

Current Medications and Dosage (if none, put n/a): _____

Special Health Needs or Concerns: _____

Health Insurance Carrier: _____

Phone: _____

Policy Holder Name & Date of Birth: _____

Policy #: _____ ID #: _____

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of the above-referenced minor participant, do hereby authorize emergency medical or surgical treatment and hospitalization if necessary for the above named minor. I understand that an attempt will be made to contact me, or the named emergency contact, before taking this action. If I, or the emergency contact, cannot be reached, The University of Texas at Dallas and its designated representatives may consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered to the above-named minor participant upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. This authorization is effective through the dates listed above. By signing this authorization, I represent to The University of Texas at Dallas that I have legal authority to provide consent for this minor child.

Signature of Parent/Guardian: _____ Date: _____

Privacy Statement: With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.