



UNT CAMPS/CONFERENCES

Medical Information Form

UNT MS/JH (Middle School Junior High) Honor Choir Camp

Please attach copy of insurance card (front and back) and a copy of student's photo id.

PLEASE PRINT

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SEX _____ HEIGHT _____ WEIGHT _____

PARENT (or guardian) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Emergency Contact Name _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE#1 (____) _____ PHONE #2 (____) _____

Please give the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s). _____

Does this student have any chronic or acute medical problems? _____

Please explain: _____

List any allergies to food, pollen or medicine: _____

List any medications being taken at present time: _____

Please attach the following: It is recommended that the camper's personal physician give written permission (orders) for the camper to keep and dispense his/her own medication, which may be needed immediately, e.g. asthma inhalers, etc.

MEDICAL RELEASE FORM

My son/daughter has permission to attend a MS/JH (Middle School/Junior High) Honor Choir Camp on the University of North Texas Campus. I fully realize that injury or illness to my son/daughter could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at the University of North Texas Health Center, or if necessary, a local hospital.

Parent or Legal Guardian _____

Signature Required

_____ Date Required

