The information on this form will be used by authorized university staff or emergency personnel to make medical decisions about your child.

Name of Campus Program Attendee: ____________________________________________________________

Campus Program Session: ___________________________ Begin Date: __________ End Date: __________

Name of the University of Texas at Arlington campus program employee given consent to seek medical treatment in the absence of the parent/legal guardian: ____________________________________________________________

Medical Information

Allergies (seasonal, food, insects, etc.): ______________________________________________________

Current prescription medications (if none, please indicate "none"): ________________________________

Non-prescription medications and supplements the camper is permitted to have and/or use, including aspirin, acetaminophen, antihistamines, Tylenol, Neosporin, Benadryl, calamine lotion, sunscreen, etc.: ____________________________________________________________

Date of last tetanus booster: _____________________________ Current on all immunizations? __________

Medical conditions, dietary limitations, and other information that may be important to know in providing treatment to your child: ____________________________________________________________

Signed Authorization and Contact Information

I hereby give my permission as a parent or legal guardian to the above-named University of Texas at Arlington campus program employee to seek and obtain medical treatment in my absence for the minor named above in the event of an accident, injury, or illness which may occur during attendance at the campus program.

Printed Name: __________________________________________ Signature: ___________________________

Relationship to minor child: ________________________________________________________________

Phone numbers where we may contact you in an emergency: _________________________________

Name and phone numbers for additional emergency contacts: _________________________________

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.