

Parent/Guardian Authorization for Medical Care

The University of Alabama in Huntsville requests the information on this form so that in case of emergency we will have accurate information to assist with providing or securing appropriate medical assistance for our participants. It is recommended that parents/guardians consult with a physician prior to a child's participation in the program. Parents/guardians and their physicians are responsible for providing an accurate medical history and final determination regarding appropriateness of participation.

Participant Name _____ **Date of Birth** _____

Name of Program: _____ **Date(s):** _____

Parent/Guardian Information

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate: _____

Email Address: _____

Emergency Contact Information

1. Primary Point of Contact: _____

Relationship to participant: _____ Phone Number: _____

Alternate Phone: _____ Email Address: _____

2. Secondary Point of Contact: _____

Relationship to participant: _____ Phone Number: _____

Alternate Phone: _____ Email Address: _____

Physician: _____ Phone Number: _____

Relevant Medical Information

All immunizations up to date? ___Yes ___ No Date of last tetanus shot: _____

Please list any current medical concerns or medical history we need to know about your child (past injuries, current conditions, physical limitations, etc.)

If your child has any limiting medical conditions that you or your physician feel could impact participation in this program, please explain below.

List any allergies: (Ex. medications, bee stings, latex, plants, etc.)

Explain any accommodations that your child needs to enable them to safely participate in the program/activity:

Food Allergy/Intolerance/Other Dietary Concerns

My child has an allergy related to the following foods:

___Dairy ___Soy ___Eggs ___Peanuts ___Tree nuts

___Shellfish ___Fish ___Wheat ___Gelatin

Other, please list: _____

My child has an intolerance to the following foods:

___Gluten (celiac disease or gluten sensitivity) ___Lactose

Other, please list: _____

My child has an a dietary concern not listed above (please explain):

NOTE: If your child will need assistance with medication, complete the Medication Management Form and attach.

Authorization for Medical Care

I understand that my child is voluntarily participating in a program/activity. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins. In the case of accident or illness, I authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I will assume the financial responsibility for any costs associated with health care for my child that may occur during this program. I hold harmless and agree to indemnify the program/activity, The University of Alabama in Huntsville, its agents, and the Board of Trustees from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any medical-related costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date:_____