EXHIBIT B4-C

THE UNIVERSITY OF TEXAS AT DALLAS
MEDICAL INFORMATION AND RELEASE FORM — ADULT

(Please Print Clearly)

Name ____
First Last

Address____

City ____________________ State ________ Zip __________

Telephone Number (____)__________ Birthdate _____ / _ ___ / _____
Area Code

Emergency contact persons and phone numbers:

Name ____________________ Name ____________________

Relation ____________________ Relation ____________________

Telephone Number-day (____) ______________ Telephone Number-day (____) ______________

Telephone Number-night (____) ______________ Telephone Number-night (____) ______________

Medical Information:

Physician Information **Dentist Information**

Name ____________________ Name ____________________

Address ____________________ Address ____________________

Telephone Number-office (____) ______________ Telephone Number-office (____) ______________

Telephone-emergency (____) ______________ Telephone-emergency (____) ______________

Allergies____

ealth Insurance Comp ______________ Telephone (____) __________

Group # _______ Policy # ________ I.D. # ____________________

Medication(s) you are taking (including dosage) ______________________________

Date of last Tetanus/Diphtheria Inoculations______________ Blood type

Special Health Needs or Concerns ______________________________

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Dallas and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered 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.

The effective dates for this authorization are __________ through __________

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

______________________________ Date: ______________________________
(Signature of Participant)*

Privacy Statement: With few exceptions, you are entitled on your request to be informed about the information U.T. Dallas 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 U.T. Dallas correct information about you that is held by us and that is incorrect.

Original: Custodian Copy: Faculty or Staff member traveling with the group.

***SIGNATURE REQUIRED ON COMPLETED FORM FOR PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY AND/OR TRAVEL**