

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

(Please Print Clearly)

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Major \_\_\_\_\_

Emergency contact persons and phone numbers:

Name \_\_\_\_\_ Relation \_\_\_\_\_
Telephone Number-day (\_\_\_\_) \_\_\_\_\_ Telephone Number-night (\_\_\_\_) \_\_\_\_\_

Medical Information: Physician Information

Dentist Information

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number-office (\_\_\_\_) \_\_\_\_\_
Allergies \_\_\_\_\_
Health Insurance Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
Group # \_\_\_\_\_ Policy # \_\_\_\_\_ I.D. # \_\_\_\_\_
Medication(s) you are taking (including dosage) \_\_\_\_\_
Date of last Tetanus/Diphtheria Inoculations \_\_\_\_\_ Blood type \_\_\_\_\_
Special Health Needs \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of \_\_\_\_\_, 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 to
\_\_\_\_\_ 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 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)\* Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

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.

Social Security Disclosure: Disclosure of your Social Security Number (SSN) or UTD Identification Number is requested because it is a unique identification number which is maintained for the purpose of ensuring tracking and accuracy of student information. The disclosure of such information is voluntary. Disclosure of your Social Security Number or UTD Identification Number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).