

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

(To be Completed by Parent or Legal Guardian. Please Print Clearly)

Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number (____) _____ Birthdate ____/____/____ Sex _____ Major _____

Emergency contact persons and phone numbers:

Name _____ Relation _____ Telephone Number-day (____) _____ Telephone Number-night (____) _____

Medical Information: Physician Information

Name _____ Address _____ Telephone Number-office (____) _____ Telephone-emergency (____) _____

Dentist Information

Name _____ Address _____ Telephone Number-office (____) _____ Telephone -emergency (____) _____

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 or Concerns _____

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 _____.

By signing this authorization, I represent to The University of Texas at Dallas that I have legal authority to provide consent for this minor child.

(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.

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