

**PARENTAL CONSENT/MEDICAL INFORMATION FORM
NORTH CAROLINA STATE UNIVERSITY**

Name of camp: _____

Date of camp: _____

Name of Camper: _____ **Date of Birth** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

In case of an emergency, we must be able to contact you. Please list a home and work phone number where you could be reached.

Father's Name _____ **Mother's Name** _____

Father's home# (____) _____ **Mother's Home#** (____) _____

Father's work# (____) _____ **Mother's Work#** (____) _____

Please list an alternate in case parents cannot be contacted.

Name: _____ **Phone:** (____) _____

All of the information below must be completed in full.

Allergies known: _____
(foods, drugs, insects)

List medical concerns or conditions we should know about: _____

(epilepsy, asthma, diabetes, old injuries to bones/joints, etc.)

Medications currently taking: _____
(list medication, dose and frequency)

Date of last tetanus booster: _____

Family Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

CONSENT FOR TREATMENT and RELEASE OF INFORMATION

I, the undersigned parent/guardian of _____, hereby give permission to the physicians and attendant staff of North Carolina State University Student Health Service, or if it becomes necessary to an off-campus physician or hospital, to perform such diagnostic, therapeutic or surgical procedures as deemed necessary.

I authorize camp administrators to sign any form, on my behalf, that acknowledges my responsibility for my child's medical bills as set out in this agreement, including without limitation the Billing and Acknowledgment form used by North Carolina State University Student Health Services and any billing acknowledgment forms used by a private medical service provider.

I authorize release of my child's medical information to an outside health professional when a referral is necessary. In addition, I authorize release of medical information to an insurance company, or intermediary for payment of incurred charges.

Signature of Parent or Guardian

Date