**Medical History and Permission Form for Treatment**

**UNCG Summer Arts and Design Intensive**

Today’s Date:

Student’s Full Name:

Birthday (mm/dd/yyyy):

Current Age: Grade Level:

Student Cell Phone Number:

Student Email Address:

Name of Parent or Legal Guardian:

Home Address:

Email Address of Parent or Legal Guardian:

Telephone Number of Parent or Legal Guardian:

Name of Health Insurance Company:

Policy Number of Health Insurance:

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| **PARENTS OR GUARDIAN OF SUMMER ARTS AND DESIGN INTENSIVE STUDENTS**: I hereby authorize any medical treatment for my son or daughter which may be recommended by a licensed physician at a Greensboro Urgent Care facility or at a Greensboro area Hospital. Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Parents or Guardian of Summer Arts and Design Intensive Students:*** *Please complete this form, and bring it with you to check-in. No need to mail it in advance.* ***A parent/guardian must sign and date the form in the box above.*** *A physical exam is* ***not*** *required. You may complete the form yourself for your child. If special medical conditions exist or if there are known drug allergies, be certain to specify those. Feel free to use the back of the sheet or attach an extra page if necessary.*

**Medical History**

Allergies to Drugs or General Anesthesia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions Currently Under Treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Disabilities? Rheumatic Fever\_\_\_\_ Sickle Cell\_\_\_

 Convulsive Disorder\_\_\_ Asthma\_\_\_

 Bleeding Disorder\_\_\_ Headache\_\_\_\_ Other\_\_\_\_ \*Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |
| --- | --- | --- |
| Medications | Dose  | Frequency  |
|  |  |  |
|  |  |  |

Who will administer medications at UNCG? Check one: The Camper\_\_\_ The Camp Administrator \_\_\_

 \*\* Medications must be clearly labeled and in their original containers. Refrigeration is available.

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| **Please bring this completed form to SUMMER ARTS AND DESIGN INTENSIVE check-in. Must be signed by a parent or legal guardian.** |