

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:

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 _____

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.

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