DIVISION OF STUDENT AFFAIRS
Orientation & Transition Programs

2024 Orientation Medical Information and Release Form

If the student is a minor, this form must be completed by Parent/Guardian.

NAME OF PROGRAM PARTICIPANT: _____

What orientation session is the participant attending? _____

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT (or guardian) NAME: _____

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

CELL PHONE: ( ) _____ EMERGENCY PHONE: ( ) _____

EMERGENCY CONTACT NAME: _____ RELATION: _____

CELL PHONE: ( ) _____ EMERGENCY PHONE: ( ) _____

PRIMARY CARE PHYSICIAN: _____ PHONE: ( ) _____

DO YOU HAVE HEALTH INSURANCE? YES: _____ NO: _____

_____	_____	_____
NAME OF CARRIER	POLICY NUMBER	Name of Primary Insured

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED.

Does the Program Participant have any chronic or acute medical problems? YES: _____ NO: _____

Please explain: _____

_____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present: _____

List any other conditions we should be aware of: _____

I give myself/my child permission to attend Orientation sponsored by the University of North Texas. I fully realize that injury or illness to myself/my child may result from or during participation in the program. In case of injury or illness, I give permission for myself/my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the program representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred at a local hospital or other medical facility.

Signature: _____ **Date:** _____
(Participant or Parent/Guardian)