The University of Texas at Austin Youth Protection Program Consent for Treatment/Immunizations of a Minor

FOR UNIVERSITY HEALTH SERVICES USE ONLY
Patient Name: ___________________________________
Medical Record #: ______________________________
DOB: _______________ Gender: _______________
Provider: ____________ Date: ________________

This form must be completed and returned to the camp director prior to the program start date.

Personal Information

Camper's Last Name ______________________ First Name ______________________ Birthdate ___________ M☐ F ☐
Specify program your child will attend ____
Address ______________________________ City ____________________ State ______ Zip ____________
Home Phone ______________________________ E-mail Address ______________________________
Parent/Guardian 1 ______________________________ Daytime Phone _______________ Place of employment ____________________
Parent/Guardian 2 ______________________________ Daytime Phone _______________ Place of employment ____________________
Health Insurance Carrier ______________________________ Policy Number _______________ Plan Number ____________________
Is physician authorization needed? ☐ Yes ☐ No Family Physician ______________________ Phone ____________

In case of emergency, please notify the following individual(s) if neither parent nor guardian is available:

1. ____ Phone ________________________
2. ____ Phone ________________________

Health History

Allergies: ____
Date of most recent tetanus immunization: ____
Please list any *major* past illnesses (contagious and non-contagious): ______________________________
Please list any *major* operations or serious injuries (include dates): ______________________________
Has the camper ever been hospitalized? ☐ No ☐ Yes
Does the camper have a chronic or recurring illness? ☐ No ☐ Yes
If YES, explain: ____
Is there anything else in camper's health history that the camp staff should know? ______________________________
Are there any activities from which the camper should be restricted? ☐ No ☐ Yes
Does the camper have any special dietary restrictions? ☐ No ☐ Yes
If YES, explain: ____
Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ No ☐ Yes
If YES, explain: ______________________________
Is the camper's immunization record current showing that the camper has been immunized in accordance with the Texas Department of State Health Services Minimum State Vaccine Requirements? ☐ No ☐ Yes ***If No***, attach official documentation of TDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of ______________________________ (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

______________________________ ______________________
SIGNATURE OF CAMPER DATE

______________________________ ______________________
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

______________________ ______________________
CAMPER'S DATE OF BIRTH PROGRAM NAME

Will the camper need to take any medication at camp? ☐ No ☐ Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

The University of Texas at Austin sponsored ____________________________ (camp/program name) designated personnel will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

I _____________________________________, the parent/guardian of ______________________________________ give permission to the staff of the ________________________________ (camp/program name) to administer the prescription medications listed above.

My child may possess and self-administer the following medicine: ____ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

____ ______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

I, the undersigned, as the parent or legal guardian of ____________________________ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Texas at Austin and is officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and I hereby release them from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care.

____ ______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

____

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link http://www.healthyhorns.utexas.edu/privacy.html to the University Health Services Notice of Privacy Practices.

____ ______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

Please Return to Camp Director:

Name of Program: ____

Camp Director: ____________________________________

Camp Director Phone: _____________________ Camp Director Fax: ____________________

Camp Director Mailing Address: ____