

**Texas A&M University-Corpus Christi
Youth Program
Medical Emergency Information/Consent for Treatment**

Youth's name: _____
Address: _____
Date of birth: _____
Parent/guardian phone: Home _____ Work _____ Pager/Cellular _____

Medical Information

Allergies: _____
Current medications: _____
Chronic illnesses (i.e. asthma): _____
Date of last tetanus booster: _____
Physician: _____ Physician telephone number: _____

Insurance Information

Does youth have health insurance? No _____ Yes _____
Medical insurance company: _____ Tel. no. _____
Group number/ID number: _____ Name of insured: _____

Person(s) to Notify in Case of Emergency:

Name: _____
Relationship: _____
Street Address: _____
Phone: Day _____ Evening _____ Pager/Cellular _____

Second contact (if first person unavailable)

Name: _____
Relationship: _____
Phone: Day _____ Evening _____ Pager/Cellular _____

Consent for Medical Treatment:

The attending physician, appropriate staff, Texas A&M University-Corpus Christi, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released 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 and to the best of their ability.

Texas A&M University-Corpus Christi does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child _____ to receive medical treatment.

Signature of parent/legal guardian

Date

