

**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