

Youth Program Medical Information Form

Participant Name: _____ Date of Birth: _____

Program/Activity Name: _____ Program Date: _____

Instructions

The University of Alabama requests the information on this form so we will have accurate information in the event of an emergency. It is recommended that you consult with a physician prior to participating in this program. If the participant has a pre-existing medical condition, participation in any strenuous activity may not be recommended. You are accountable for providing an accurate medical history, but final determination about appropriateness of participation is the responsibility of you and your physician.

Please answer all questions below. If the participant has any medical issue that is not specifically requested below, but which you think is important, please include that under Additional Information.

Parent/Guardian Information

Name of Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

Emergency Contact Information

Primary Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): _____, _____

Secondary Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): _____, _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Insurance subscriber name: _____ Subscriber date of birth: _____

Policy Number: _____

(Please attach a copy of the front and back of your insurance card with this form.)

I understand that The University of Alabama does not offer any form of health, liability, or other insurance coverage for participants. (Please initial: _____)

Youth Program Medication Management Form

Medical Information

Are all immunizations up to date? Yes No Date of last tetanus shot: _____

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies: (Ex. medications, bee stings, food, latex, plants, etc.) _____

Does your child have a disability that requires reasonable accommodations to enable them to participate in the program/activity? Yes No

To request reasonable accommodations, contact the UA Office of Compliance, Ethics, and Regulatory Affairs at (205)348-2334 or youthprotection@fa.ua.edu. Requests should be submitted in writing at least 30 days prior to the event. Late requests may not be accommodated due to time constraints.

If accommodations are requested, I give The University of Alabama permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include sharing information with appropriate University personnel, and I acknowledge that such communication is consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. (Please initial: _____)

Additional Information

Please provide any additional information or explanation that you feel could be relevant or beneficial for our staff to know in supporting your child during this program. (Attach additional information, if necessary.)

Authorization for Medical Care

I understand that my child is voluntarily participating in a program/activity at The University of Alabama. By signing this form, I hereby acknowledge that all information is accurate and current and, to the best of my knowledge, my child is capable of participating safely in this program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. However, I understand and acknowledge that such staff are not medical professionals. I hold harmless and agree to indemnify the program/activity, The Board of Trustees of the University of Alabama and its agents and employees, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment or lack thereof. I acknowledge that I am solely responsible for any hospital or other costs arising out of any illness, bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name: _____