Girls and Mathematics
2008 Summer Day Program
Medical Information and Consent

Registration is not complete until all forms are received.

Student: (Last Name) _____ (First) _____

Address: (Street, City, State, Zip) _____

Parent/Guardian Name: _____ Email: _____

Phone: (home) _____ (work) _____ (cell) _____

Alternate Contact Name: _____ Email: _____

Phone: (home) _____ (work) _____ (cell) _____

Primary Physician's Name: _____ Phone: _____

Insurance Company: _____ Policy/Group #'s: _____

Medical Conditions: _____

Known Allergies: _____

Medications Used: _____

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for the University of Virginia Hospital and/or the Univeristy of Virginia Department of Student Health to treat a student who is under the age of 18 and therefore legally a minor.

I authorize University of Virginia personnel to administer first aid to my child,

_____

(Name of Child)

in the event of an accident, injury, or illness and give permission for additional medical attention to be sought should the need arise.

The University of Virginia Hospital and the Student Health Department have my permission to treat my child for minor injuries (including administration of a Tetanus vaccination) and minor illness, or in the case of a medical emergency.

I further certify that my child will be covered by some form of health insurance while she is attending the summer program at the University of Virginia.

_____ _____

Parent or Legal Guardian Signature Date

_____ _____

Parent or Legal Guardian Signature Date