

PARENTAL CONSENT/MEDICAL INFORMATION FORM
North Carolina State University

Name of camp: YOUNG INVESTIGATORS' SUMMER PROGRAM IN NUCLEAR TECHNOLOGY

Date of Camp: _____

Name of Camper: _____ Date of Birth: _____ T-Shirt Size: _____

Home Address: _____

City: _____ State: _____ Zip: _____

In Case of an emergency, we must be able to contact you. Please list a home and work phone number where you could be reached.

Father's Name: _____ Mother's Name: _____

Father's home #: () _____ Mother's home #: () _____

Father's work #: () _____ Mother's work #: () _____

Father's email address: _____ Mother's email address: _____

Please list an alternate in case parents cannot be contacted.

Name: _____ Phone: () _____

All of the Information below must be completed in full.

Special Dietary Needs: vegetarian _____ vegan _____ other: _____ none: _____

Allergies known: _____
(food, drugs, insects, etc.)

List medical concerns or conditions we should know about: _____

(epilepsy, asthma, diabetes, old injuries to bones/joints, etc.)

Medications currently taking: _____
(List medication, dose, and frequency)

Date of last tetanus booster: _____

Family Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

CONSENT FOR TREATMENT and RELEASE OF INFORMATION

I, the undersigned parent/guardian of, hereby give permission to the physicians and attendant staff of North Carolina State University Student Health Service, or if it becomes necessary to an off-campus physician or hospital, to perform such diagnostic, therapeutic, or surgical procedures as deemed necessary.

I authorize release of my son/daughter's medical information to an outside health professional when a referral is necessary. In addition, I authorize release of medical information to an insurance company, or intermediary, for payment of incurred charges.

Signature of Parent or Guardian

Date