



YOUTH PROGRAM MEDICAL INFORMATION FORM

This form is designed to gather essential information about your child and will help the University respond effectively in case of any medical situations during the program. Your thorough and accurate responses are appreciated.

Please provide a copy of the front and back of your insurance card with this form.

Does the participant have medical conditions that could impact program participation?

YES NO If YES, please explain: _____

Does participant currently take medication that may interfere with their ability to safely participate in the program?

YES NO If YES, please explain: _____

Does the participant have any allergies, including adverse reactions to food(s), insect stings, etc.?

YES NO If YES, please explain: _____

Parent/Guardian Acknowledgement

By signing below, I represent and warrant that I have provided all relevant information to the University pertaining to my child's medical, physical, and mental condition for their participation in the program. I understand that I am responsible for maintaining health insurance for my child throughout the duration of the program.

Participant Printed Name

Program Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date