



ON-CAMPUS EVENT
MEDICAL / INSURANCE INFORMATION

UNIVERSITY OF NEBRASKA-LINCOLN

_____, _____, date of birth _____, age _____
(Print full name of minor) (Social Security Number) (MM/DD/YEAR)

will be attending an event on the University of Nebraska-Lincoln campus on _____
(Dates of Program)

and I, _____ grant permission to the University event coordinators to act
(Print Parent/Guardian's Full Name)

on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems.

I understand that should a major problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such immediate treatment as is deemed reasonably necessary, including diagnostic examinations and therapy to be rendered to said minor by a licensed physical or mental health professional(s) including physicians, psychologists and professional counselors. I understand that charges for services rendered to the minor are the responsibility of the patient and/or parent/guardian.

By signing this form, I certify that I have read and fully understand this authorization.

Parent's/Guardian's Signature _____ Date: _____

Telephone (home): _____ Telephone (cell/work): _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

Please provide the following additional information concerning said minor:

Allergic reactions to: _____

Medications presently being taken: _____

Any past illnesses or other information that would be useful in the event treatment is necessary: _____

INSURANCE INFORMATION

A copy of the medical insurance card needs to be attached to this form.

Name of Insurance Company: _____

Name of Policy Holder: _____

Policy/Identification Number(s): _____

Insurance Company Mailing Address: _____
(Street Address/PO Box)

(City) (State) (Zip Code)

A COPY OF THIS CONSENT WILL BE AS VALID AS THE ORIGINAL

