

**OSU SPORTS MEDIA SUMMER CAMP
MEDICAL INFORMATION FORM - OSU**

NAME OF STUDENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SEX _____ HEIGHT _____ WEIGHT _____

PARENT (or guardian) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

FAMILY DOCTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (____) _____

Please give the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s). **Also include a copy of your health insurance card when submitting registration form:**

NAME OF CARRIER CERTIFICATE NUMBER

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Does this student have any chronic or acute medical problems?

Please explain: _____

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present time: _____

MEDICAL RELEASE FORM

My son/daughter does have permission to attend a Youth Camp/Conference on the Oklahoma State University Campus. I fully realize that injury or illness to my son/daughter could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at the Oklahoma State University Health Center or, if necessary, at a local hospital.

Parent or Legal Guardian _____

Signature Required

Date