



MEDICAL/INSURANCE INFORMATION
UNIVERSITY OF NEBRASKA-LINCOLN

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

will be attending a University of Nebraska-Lincoln sponsored event on (Dates of Program)

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

act on my behalf for said minor granting permission for evaluations/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 Code)

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