

FOR UNIVERSITY HEALTH SERVICES USE ONLY	
Patient Name: _____	
Medical Record # _____	
DOB: _____	Gender: _____
Provider: _____	Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

CONSENT FOR TREATMENT/IMMUNIZATIONS OF A MINOR

University Sponsored Program Participant
Information and Consent

Name of Program Participant: _____

UTEID (If one has been assigned): _____ Date of Birth: _____

Address (Street, City, State, Zip): _____

Parent/Guardian Phone Number: _____
Home Work/Cell

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian

Date

Print Name

I have received a copy of University Health Services *Notice of Privacy Practices* as required by HIPAA Privacy Rules.

Signature of Parent/Legal Guardian

Date

Print Name

Medical Information Related to Minor

Allergies: _____

Current Medications: (If your child is on any medication that needs to be administered by camp personnel or he/she will be self-administering any medication during camp – prescription or over-the-counter – see the appropriate medication forms enclosed in this packet for completion).

Date of Last Tetanus Booster:

Pertinent Medical History:

Please Return to Program Coordinator:

Name of Program: Longhorns Tennis Camp

Program Coordinator: Bob Haugen

Coordinator's Phone: 512-471-4404 Coordinator's Fax: 512-471-0794

Coordinator's Mailing Address: P.O. Box 7399 Austin TX 78713-7399
(Street) (City) (State) (Zip Code)