Abraham Baldwin Agricultural College

Medical Information Form and Authorization for Medical Care

Basic Personal Information (please print) Today's Date: ____/____/_____

Child's Name: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Height: _____ Weight: _____

Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): _____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone: _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

_____

_____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

_____

_____

List any medications your child is currently taking, their purpose, dosage, and times taken:

_____

_____

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Does your child need any accommodations to safely participate in the program? If yes, please explain. _____

_____

Does your child require any assistance with his or her medications? If so, please explain:

_____

_____

Authorization for Medical Care

I understand that my child is voluntarily participating in an Abraham Baldwin Agricultural College program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child's mental, physical, or medical condition before the program begins. I understand that Abraham Baldwin Agricultural College does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, Abraham Baldwin Agricultural College, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name (print): _____

Work Phone: _____ Cell Phone: _____