

**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
-----------------	--------------------

NAME OF CARRIER	CERTIFICATE NUMBER
-----------------	--------------------

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