



Emergency Contact Form

Name of Camp Child is Registered To: _____

Name of Child: _____
Last First MI

Sex: M or F Age: _____ DOB: _____

Primary Emergency Contact:

Name: _____ Relationship to Child: _____

Phone Number: _____ Secondary Number: _____

Secondary Emergency Contact:

Name: _____ Relationship to Child: _____

Phone Number: _____ Secondary Number: _____

List any known drug allergies or other allergies (including type of reaction) which may affect the child's ability to participate fully in the camp. Please use the back of this page if more space is needed.

List any medical condition(s) or medication(s) being taken which may affect the child's ability to participate fully in the camp. Please use the back of this page if more space is needed.

I _____ (Print Name) hereby certify that the above history is complete to the best of my knowledge and I do hereby give permission for Texas A&M International University (TAMIU) Student Health Services provider(s), doctors, nurse practitioners, and nurses to perform examinations, diagnostic testing, and other procedures necessary to help maintain my child's health for as long as he/she is attending TAMIU camp programs. I understand and give consent for protected health information to be used to carry out treatment or for other health care.

Parent/Legal Guardian Signature

Date