

The University of Mississippi
 Summer Camps, Conferences, and Programs
 Medical Informed Consent

PARTICIPANT INFORMATION		
Participant's Name	Date of Birth	
Camp, Conference, or Program Name	Participation Dates	
Home Address	City/State/Zip	
PARTICIPANT'S PARENT OR LEGAL GUARDIAN		
Parent/Legal Guardian's Name	Relationship to Participant	Preferred Phone and Email
Home Address	City/State/Zip	
EMERGENCY CONTACT		
Name (Must Be Different Than Above)	Relationship to Participant	Preferred Phone and Email
Home Address	City/State/Zip	
PARTICIPANT'S MEDICAL INSURANCE		
Insurance Company	Phone #	Group or Policy #
Member or Policy Holder's Name	Member ID #	
PARTICIPANT'S ALLERGIES OR MEDICATION(S)		
<input type="checkbox"/> This participant has allergies (COMPLETE PAGE 2) <input type="checkbox"/> This participant takes medication (COMPLETE PAGE 2)		
CONSENT, WAIVER AND RELEASE OF LIABILITY		
<p>I consent to participate in the above Ole Miss Summer Camp, Conference, or Program, identified above ("Summer Program"). I understand and acknowledge there are inherent risks in participating in the Summer Program that can result in losses, damages, injury or death. These risks may include, but are not limited to, bruises, cuts, transmitted illnesses or diseases, strains, sprains, neck/spinal injuries, broken bones, cardiovascular injuries, dehydration, sunburn, concussions or other bodily injuries. I knowingly and voluntarily assume any and all risks associated with in the Summer Program, wherever such participation may occur, including Participant's transit to and/or from the Summer Program.</p> <p>In consideration my participation in the Summer Program, I knowingly, voluntarily and forever waive, release and discharge Ole Miss from all present and future claims of any type for any harm or loss, including property damage, personal injury, illness or death, that either I may incur. I agree to indemnify, hold harmless and covenant not to sue Ole Miss for any claims, damages, personal injury, illness, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees or any other losses or claims of any kind arising out of my involvement with or participation in the Summer Program.</p> <p>I acknowledge and agree that it is my sole responsibility to consult with a physician or health care provider regarding participation before I engage in any Summer Program activity. I represent and warrant that I am physically and/or mentally able to participate in the Summer Program and no physician or other health care provider has advised me otherwise. I am not are aware of any health condition or impairment that would prohibit or otherwise limit my participation. In the event of an illness or injury, I hereby authorize Ole Miss to either administer or secure any and all medical treatment necessary or appropriate and to arrange transportation for such treatment, if necessary. I understand and agree that I am financially responsible for all medical or other expenses incurred because an illness or injury. I agree to indemnify and hold harmless Ole Miss for any fees imposed by any physician, hospital, ambulance service or other health care provider. I also agree to release, hold harmless, and forever covenant not to sue Ole Miss for any injury arising out of any medical treatment or the administration of medication that I receive.</p> <p>I HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACKNOWLEDGE THAT IT LIMITS OR EXTINGUISHES CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST OLE MISS. I UNDERSTAND AND AGREE THAT THIS CONSENT, WAIVER, AND RELEASE OF LIABILITY IS BINDING UPON ME, AND MY RESPECTIVE FAMILY MEMBERS, HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND ANY OTHER PERSON WHO PURPORTS TO ACT ON OUR BEHALF.</p>		
_____ Participant Signature	Date: _____	
If Participant is under the age of eighteen (18) years of age, Participant's Parent or Legal Guardian must consent and sign:		
_____ Parent or Legal Guardian's Name (Please Print)	_____ Parent or Legal Guardian's Signature	Date: _____

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PARTICIPANT'S ALLERGIES

(Complete this section of form ONLY if participant has allergies)

- To Foods (list) _____ Reaction: _____
- To Medications (list) _____ Reaction: _____
- To the environment /Other (Insect Stings, Hay fever, etc. –list) _____ Reaction: _____

PARTICIPANT'S MEDICATION(S)

(Complete this section of form ONLY if medications are needed by participant (under the age of 18) during the Summer Program)

Medication(s) needed by a participant may be administered by the Ole Miss Summer Program Staff under the following conditions:

- (a) parent/legal guardian must provide written authorization,
- (b) parent/legal guardian must provide the medicine in its original labeled pharmacy container for prescription medication or in the manufacturer's container for over-the counter medications along with the participant's name, medicine name, dosage and timing of consumption,
- (c) the provided medication must be picked up within one week of the termination of the camp or the medication will be destroyed and,
- (d) a personal "epi" pen and/or inhaler may be carried and self-administered by the participant during activities.

Medication Name & Strength:	Dosage:	Times taken each day:	Reason for taking:

PARENT AUTHORIZATION FOR MEDICATION

I give permission for the participant to take the above listed medication(s) as directed on the packaging and give permission for the medication(s) to be administered by Ole Miss Health & Sports Performance staff as needed according to the instructions provided.

Parent or Guardian's Signature _____ **Date** _____