Ole Miss Pre-College Programs

SUMMER MEDICAL FORM

Form 1A - Treatment Consent and Liability Release

REQUIRED DOCUMENTS

❑ Summer Medical Forms ❑ Immunization (Shot) Records ❑ Insurance Card *(front and back copy)* ❑ Parent/Guardian License or state-issued ID

STUDENT INFORMATION		
Student's Name *(First / Middle / Last)*	Date of Birth *(mm/dd/yyyy)*	Gender

PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Cell Phone	Alternate Phone
Home Address, City, State, Zip Code	Email	

EMERGENCY CONTACT		
Emergency Contact's Name (must be different than above)	Relationship to Student	Preferred Phone

STUDENT'S MEDICAL INSURANCE		
❑ This student is covered by Medical Insurance ❑ This student is NOT covered by Medical Insurance (COMPLETE Waiver of Health Insurance form)		
Insurance Company	Phone #	Group or Policy #
Member or Policy Holder's Name	Member ID #	
If the student is covered by Medicaid, when does the current policy expire? *(mm/dd/yyyy)*		

STUDENT'S ALLERGIES AND DIETARY RESTRICTIONS	STUDENT'S MEDICAL CONDITIONS AND PHYSICAL ACTIVITY RESTRICTIONS	STUDENT'S MEDICATIONS
❑ No Known Allergies – No Dietary Restrictions ❑ This student has Allergies and/or Dietary Restrictions **(Complete Form 1B)**	❑ This student is NOT being treated for a medical condition and/or does not have a physical activity restriction ❑ This student is being treated for a medical condition(s) and/or has physical activity restrictions **(Complete Form 1B)**	❑ This student takes NO Medication on a routine basis ❑ This student takes Medication(s) **(Complete Form 1B)**

CONSENT, WAIVER AND RELEASE OF LIABILITY

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.

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.

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.

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.

Parent or Legal Guardian's Name (Please Print): _____

Parent or Legal Guardian's Signature: _____ Date: _____

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Ole Miss Pre-College Programs

SUMMER MEDICAL FORM

Form 1B – Allergies, Restrictions, and Medications

Complete this form **ONLY** if student has allergies, dietary restrictions, medical conditions, physical restrictions, and/or takes medications

STUDENT INFORMATION	
Student's Name *(First / Middle / Last)*	Date of Birth *(mm/dd/yyyy)*
Home Address, City, State, Zip Code	Telephone

STUDENT'S ALLERGIES			
To Foods (list):		Reaction:	
To Medications (list):		Reaction:	
To the Environment/Other (i.e. instect stings, hay fever, etc. – list)		Reaction:	

STUDENT'S DIETARY RESTRICTIONS		
Does your student have a dietary restriction?	❑ No ❑Yes (list)	

STUDENT'S MEDICAL CONDITIONS AND PHYSICAL RESTRICTIONS			
Medical Conditions (list):		Physical Restrictions (list):	

STUDENT'S MEDICATIONS			
Medication Name and Strength	**Dosage**	**Time(s) Taken Each Day**	**Reason(s) for Taking**

PARENT AUTHOIRZATION FOR MEDICATION

I, the custodial parent/guardian of the listed child, give permission for the participant to take the above listed medication(s) as directed on the packaging. I also understand that the Office of Pre-College Programs, its staff, or other representatives cannot administer any medication to participants (including over the counter medication such as Tylenol or Advil). Participants should be able to self-medicate, or parents should make arrangements in the Oxford area. Additionally, our office will not assume responsibility for holding medications.

Parent or Legal Guardian's Signature: _____ Date: _____

Please mail completed forms, Attention: Pre-College Summer Programs
Office of Pre-College Programs • Division of Outreach and Continuing Education • P.O. Box 1848 • University, MS 38677

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Ole Miss Pre-College Programs

SUMMER MEDICAL FORM

Form 2 - Medical History

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

IMMUNIZATION REQUIREMENT

Any student entering the University of Mississippi whose birthday is after January 1, 1957, is required to submit proper documentation of immunization for measles (rubeola) and rubella and mumps, prior to registering for University courses. Please have your physician or local health department either fill out the compliance form or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician's office). *Other forms (out-of-state / non-Mississippi) are accepted.

STUDENT INFORMATION

Student's Name *(First / Middle / Last)*	Date of Birth *(mm/dd/yyyy)*
Home Address, City, State, Zip Code	Telephone

EMERGENCY CONTACT INFORMATION

Emergency Contact's Name	Home Phone	Business Phone
Address, City, State, Zip Code		

PERSONAL HISTORY

(Please comment on positive answers under remarks.)

Have You Had?	Yes	No		Yes	No		Yes	No
Measles			Scarlet Fever			Kidney Disease		
German Measles			Migraines			Rheumatic Fever		
Mumps			Head Injury			Heart Murmur		
Chicken Pox			Asthma			Joint Disease		
Allergies			Surgery			Joint Injuries		
Penicillin			Appendectomy			Back Problems		
Insect Stings			Tonsillectomy			Stomach Ulcer		
Foods			Hernia Repair			"Mono"		
Other			Other			Anemia		

Remarks or additional information (Any special requests for privileges such as access to undesignated parking areas should be stated here with a letter attached from your physician.)

_____

_____

Parent or Legal Guardian's Signature: _____ Date: _____

If a student is under the age of 18 at the time of enrollment at The University of Mississippi, a parent must sign giving permission for treatment at Student Health Services.

Student's Signature: _____ Date: _____

The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.

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Ole Miss Pre-College Programs

SUMMER MEDICAL FORM

Form 3 - Immunization Requirement

REQUIRED IF IMMUNIZATION RECORD IS NOT AVAILABLE

TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROVIDER

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

ALL STUDENTS BORN AFTER JANUARY 1, 1957, MUST SHOW PROOF OF TWO (2) RUBEOLA, TWO (2) RUBELLA AND (2) MUMPS SHOTS AFTER FIRST BIRTHDAY (Given usually in form of MMR).
DOCUMENTATION MUST BE RECEIVED PRIOR TO REGISTRATION.

STUDENT INFORMATION

Student's Name *(First / Middle / Last)*	Date of Birth *(mm/dd/yyyy)*

1st MMR Vaccination	2nd MMR Vaccination
_____ *Month / Day /Year*	_____ *Month / Day /Year*

OR **RUBEOLA, MUMPS, and RUBELLA may be given instead of MMR immunizations.**

Vaccine	1st Vaccination *Month / Day / Year*	2nd Vaccination *Month / Day / Year*
Rubeola		
Mumps		
Rubella		

OR **Proof of immunity may be provided through blood testing, OR from record of having the diseases:**

- ❑ Serologic confirmation of immunity to Rubeola. Copies of lab results must accompany form.
- ❑ Serologic confirmation of immunity to Mumps. Copies of lab results must accompany form.
- ❑ Serologic confirmation of Rubella. Copies of lab results must accompany form.
- ❑ Had Rubeola (red measles). attach office medical records
- ❑ Had Mumps. attach office medical records
- ❑ Had Rubella (German measles). attach office medical records
- ❑ Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised, etc.

List Reason(s): _____

If temporary, when can the vaccination be given? _____

Other recommended but not required immunizations:

❑ Td/Tdap: Last Date _____

❑ Varicella: 1st Date _____
2nd Date _____

❑ Hepatitis B Series: 1st Date _____
2nd Date _____
3rd Date _____

❑ Meningitis *(*after age 16)*: Date: _____

All documentation MUST be signed by a physician or authorized health care provider and accompanied by an office stamp with address.

Signature of Health Care Provider: _____ Date: _____

Address: _____ Phone: _____

OFFICE STAMP HERE:

Please mail completed forms, Attention: Pre-College Summer Programs
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Ole Miss Pre-College Programs

SUMMER MEDICAL FORM

Waiver of Health Insurance

COMPLETE ONLY IF STUDENT / FAMILY WITHOUT HEALTH INSURANCE

This form is for families that do not currently have health insurance on a student participating in a summer camp or program at the University of Mississippi. This forms waives the health insurance requirement for the student and releases the University of Mississippi of financial responsibility in case medical treatment costs are incurred on behalf of the student.

STUDENT INFORMATION		
Student's Name *(First / Middle / Last)*	Date of Birth *(mm/dd/yyyy)*	Gender
PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Home Phone	Cell Phone

WAIVER OF HEALTH INSURANCE

I, the custodial parent/guardian of the listed child, acknowledge that I am fully responsible for all costs incurred in the event that my child requires medical attention. I understand the Office of Pre-College Programs at the University of Mississippi will take the necessary steps to ensure that my child receives necessary medical care. I hereby hold the Office of Pre-College Programs, the University of Mississippi, and its representatives harmless in the exercise of this authority.

Parent or Legal Guardian's Signature_____ Date _____