



**University of Kansas Medical Authorization Form**

*This consent form should be taken with the child if the child is taken in for urgent care or emergency medical treatment*

**Program Information**

Program Name:

Start Date:

End Date:

**Participant Information**

Full Name:

Date of Birth:

Address:

City:

State:

Zip:

**Parent/Guardian 1 Information**

Full Name:

Relationship to Participant:

Phone (Primary):

Phone (Secondary):

Email:

**Parent/Guardian 2 Information**

Full Name:

Relationship to Participant:

Phone (Primary):

Phone (Secondary):

Email:

**Emergency Contact Information (if above cannot be reached)**

Full Name:

Phone:

**Medical Information**

Physician's Name:

Physician's Phone:

Insurance Company:

Policy Number:

Group Number:

Policyholder's name:

Relationship to participant:

**Known Allergies or Medical Conditions:**

**Medications Currently Taken:**

**Is there any additional information the program staff should know?**

**Medical Authorization and Liability Release**

I, the undersigned parent or legal guardian of the minor named above, hereby acknowledge and agree to the following:

In the event my child experiences an illness or injury requiring medical evaluation or treatment during participation in the above-named program, I understand that reasonable efforts will be made to contact me as soon as possible. However, if I cannot be reached in a timely manner, I hereby authorize the staff and representatives of the above-reference program to make medical decisions and take appropriate action on my behalf to secure necessary urgent care or emergency medical care for my child.

I further authorize any licensed healthcare professional, acting within the scope of their practice under applicable state law, to provide such urgent care or emergency medical treatment as may be deemed medically necessary for the well-being of my child.

By signing below, I release and hold harmless the University of Kansas, its trustees, officers, employees, agents, and volunteers from an and all claims, liabilities, or causes of action arising out of or in connection with the administration urgent care or of emergency medical care pursuant to this authorization.

**Parent/Guardian Signature:**

**Date:**

**Printed Name of Parent/Guardian:**