Dixie State College
Summer Sport Camps and Conferences
Medical Information Form

This form must be completed in order for your child to participate in activities associated with a Summer Sport Camp or Summer Conference at Dixie State College.

Student Participant (print full name): ____________________________________________

I, the undersigned, have chosen to allow my child to participate in the __________________________ camp/conference at Dixie State College to be held from _______________ to __________, 20___.

Does your child have any health problems which require special consideration?  
No____  Yes ____  (If yes, please explain:)

____________________________________________________________________________
____________________________________________________________________________

Mother’s Name __________________________  Father’s Name ________________________
Mother’s Work Phone _______________  Father’s Work Phone ________________
Home Phone ________________

In case parents cannot be reached, call:  Name_________________  Phone _______________
Family Physician __________________________  Phone ____________________
Insurance Company________________________  Policy Number ________________

In the event a parent/guardian cannot be reached, I agree that my child may be given medical care as determined appropriate by my child’s coach or advisor, Dixie State College employees or trainers, or other attending medical personnel.

________________________  __________________________  ____________________
Signature of Parent/Guardian  Print Your Name  Date

Note: This form must be kept in the possession of the student’s coach or advisor at all times during the camp or conference.