

**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.