

## Medical Release Form

**To:** Parent/Guardian  
**From:** Camp Director  
**Re:** Medical Release  
**Date:** Summer 2017

**NOTE:** Please fax this information to the UND Athletics Camps at 701-777-2285, **Attn: Summer Camp/SPORT CAMP ATTENDING (i.e. Basketball)**, if your child has been hurt while attending a UND camp/conference.

### GENERAL INFORMATION (Needs to be filled out)

Child's Name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Policy #: \_\_\_\_\_ Guardian's DL#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_, Zip: \_\_\_\_\_

**Name and date of camp** at UND child is attending: \_\_\_\_\_

Guardian's Home Phone (\_\_\_\_\_) \_\_\_\_\_ Guardian's Work Phone (\_\_\_\_\_) \_\_\_\_\_

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### MEDICAL RELEASE FOR CAMPER TO ATTEND SCHEDULED APPOINTMENT/TRANSPORT (Fill out if applicable.)

In order for a treatment facility to treat your child the following information must be received prior to the scheduled doctor's appointment.

Your child's scheduled appointment is on \_\_\_\_\_ @ \_\_\_\_\_ with Dr. \_\_\_\_\_

I hereby give permission to the UND Athletics Department to transport my child to the clinic or Altru Hospital.

I hereby give permission to both the clinic and/or Altru Hospital to examine my child for medical reasons.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_