



The University of Iowa

National Summer Institute in Forensics

117 Communications Center—The University of Iowa * Iowa City, IA 52242 * 319.335.1969 * www.iowadebate.com

Confidential Health Information Form

Deadline: June 1, 2009

Student Name: _____

Parent(s) Name: _____

Address: _____

Home phone: _____ **Work:** _____

Cell phone: _____ **email:** _____

Person other than parent authorized to give permission for treatment: _____

Phone: _____

Health History

Surgery within the last year: _____

Allergies (including insects & drugs) _____

Tetanus shot: _____

Any special medical problems: _____

Any medication student is taking: _____

Is the student under medical treatment at this time? _____

Is there any over-the-counter medication that we could NOT give to your child? _____

Family Physician: _____ **Phone:** _____

Insurance Company: _____

Insurance agreement/contract number: _____

Group number: _____

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to the **University of Iowa Student Health Service** and/or the **University of Iowa Hospitals and Clinics**. Also, I authorize the disclosure of medical treatment to my insurance company for the purpose of this claim. This permission is only valid while the student is attending the National Summer Institute in Forensics at the University of Iowa.

Release of Liability

In consideration of the National Summer Institute in Forensics of the University of Iowa granting the student permission to participate in the National Summer Institute in Forensics, I hereby assume all risks of his/her personal injury (including death) that may result from any National Summer Institute in Forensics activity. As parent/guardian I do hereby release the State of Iowa, Iowa Board of Regents, the University of Iowa, the National Summer Institute in Forensics, and their officers, employees, and agents, and all instructors and all participants in said National Summer Institute in Forensics program from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from the student taking part in National Summer Institute in Forensics activities, unless such injury is a direct result of the negligence of the University or that of its employees.

Parent/Guardian signature: _____ **Date:** _____