



# Medical Authorization / Release Form

## A. Release Form

I, \_\_\_\_\_ (parent or legal guardian's name), as parent or legal guardian of \_\_\_\_\_ (child's name) in consideration of Recreational Services of the University of Iowa granting the child permission to participate in the UI School of the Wild hereby assume all risk of personal injury (including death) which may result from any UI School of the Wild activity including transportation-related accidents; and acting for the child, myself, our heirs, personal representatives and assigns do hereby release the University of Iowa, its Board of Regents, individually and collectively, Recreational Services, members of the University faculty, administrative officers, all other agents, representatives and employees of the said university, all instructors and all participants of said UI School of the Wild program from all liability, including claims and suits at law or in equity, for injury fatal or otherwise, which may result from the child taking part in UI School of the Wild activities, unless such injury is a direct result of the negligence of the University of Iowa or that of its employees.

## B. Medical Authorization Form

\_\_\_\_\_  
Signature

**THIS TREATMENT AUTHORIZATION MUST BE SIGNED BY A PARENT OR GUARDIAN, IN ORDER FOR STUDENT TO PARTICIPATE IN UI SCHOOL OF THE WILD.**

### *Medical and Surgical Authorization*

I hereby authorize and give my consent to the health authorities of the University of Iowa or any licensed physician to perform upon or administer to \_\_\_\_\_ (student's name) any reasonably necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to University Hospitals or Mercy Hospital. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim.

This authorization will be in effect while the student is attending any session of the UI School of the Wild.

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH STUDENT'S ATTENDANCE AT THIS SCHOOL. (EACH STUDENT MUST PROVIDE HIS/HER OWN MEDICAL INSURANCE).**

Date \_\_\_\_\_

Name \_\_\_\_\_  
*Parent/Guardian - Please Print*

Relation to Student \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Work Phone \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Policy Holder \_\_\_\_\_

\_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_

Doctor \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS BEING TAKEN, ALLERGIES OR MEDICAL PROBLEMS THAT THE STUDENT MIGHT HAVE WHICH MEDICAL AUTHORITIES SHOULD BE AWARE OF \_\_\_\_\_**

Elementary or secondary school student is attending \_\_\_\_\_

The University of Iowa requests this information for the purpose of registration in Recreational Services programs. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration. medformsow/2013