

HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

ASSESSMENT CENTER
(757) 727-5913
FAX (757) 637-2208

**Young Diplomats Summer Residential Program
MEDICAL CONSENT FORM**

Name: First Middle Last

Address: Street City State/Zip Code

Date of Birth: _____ Social Security #: _____

Does your child have ANY medical problems that we should know about (for example: allergy to drugs, physical handicaps etc.)? Please specify: _____

Should there be any limits on his/her activity? If so, please explain: _____

At the present time, is he/she under medical care? Yes _____ No _____ If yes, for what?

If yes, what is the doctor's name and address?

In case of emergency, the person to contact if the parent/guardian cannot be reached is:

Name Relationship Phone #

Address City/State/Zip

What relationship is this person to the student? _____

Is the student covered by medical insurance? Yes _____ No _____

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, X-rays, drugs, etc) as may be deemed necessary by the physician in attendance. This consent shall be in effect for the period of time that my son/daughter is enrolled as a student in the Young Diplomats Summer Residential Program (YDP). If any emergency arises requiring a major surgical procedure, the program staff will attempt to reach me and to be guided by my wishes. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I also understand that YDP staff is not to administer any over the counter medications.

Parent/Guardian Signature

Date