

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Sports Camps
Department of Intercollegiate Athletics

PERTINENT MEDICAL INFORMATION/CLEARANCE PHYSICAL EXAMINATION

To be filled out by camper (adult):

Participant's Name Jane Smith DOB 01/01/1994
Camp Texas Volleyball Camp
Allergies None Known

Current Medications (if you will be self-administering any medications during camp – prescription or over-the-counter, you are required to fill out the “Addendum, Self-Administering of Medication” form which is enclosed) None

Other None

PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the *University Sponsored Summer Sport Camps*. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments N/A

Date of Last Tetanus Booster 01/01/2012

Date of Physical Examination (must have been completed within the last 12 months) 01/01/2012

Physician's Signature Dr. Joel Tester

Address 4321 Test Road

City/St./Zip Sample, TX 12345

Phone (147) 852-0369

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ADDENDUM – SELF ADMINISTERING OF MEDICATION

For this camper to carry and self-administer medication during UT sponsored sports camp activities, this form must be completed.

PARTICIPANT Jane Smith CAMP Texas Volleyball Camp

NAME OF MEDICATION(S): None

REASON FOR TAKING: None

I, the above named camper,

- Affirm and agree that I have been instructed in the proper use of the medication and am physically, mentally, and behaviorally capable of administering the medication on my own without camp personnel supervision. I also affirm that I have an adequate supply of the medication for the duration of the camp, and have the ability to properly store and secure the medication.
- Affirm and agree that I will use the medication only as prescribed by a physician and/or according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp.
- Understand and agree that failure to abide by this agreement constitutes a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

Camper's Signature Jane Smith Date 01/19/2012

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ACKNOWLEDGEMENT OF RECEIPT
OF THE "HIPAA NOTICE OF PRIVACY PRACTICES"

I Jane Smith acknowledge that I have received a copy
(print name)

of the "Notice of Privacy Practices" of *The University of Texas at Austin*.

Date: 01/19/2012

Signed: Jane Smith

Camper's DOB: 01/01/2001

Camp: Texas Volleyball Camp

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CAMP STAFF

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of Jane Smith (Participant) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

The reason for this disclosure is to advise camp staff of the nature, diagnosis, prognosis or treatment concerning any medical condition and any injuries or illnesses Participant may have so that they make decisions regarding Participant's ability and suitability to participate in camp activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that The University of Texas at Austin will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying in writing the Department of Intercollegiate Athletics, but if I do, it will not have any effect on actions The University took in reliance on this authorization prior to receiving the revocation. This authorization expires one year from the date it is signed.

Jane Smith _____ 01/19/2012
Signature of Camper Date

Camper's Date of Birth: 01/01/1994

Camp Texas Volleyball Camp