

Ag-DISCOVERY
MEDICAL INFORMATION

I hereby give permission to the attending physician to order x-rays, routine tests and treatment for the health of my child _____. I give permission to the physician to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named above in the event I cannot be reached in an emergency. I release the Ag-DISCOVERY Summer Enrichment Program, the Department of Agriculture at Alcorn State University, the USDA-APHIS and its staff of all liabilities arising from this program.

Physical Handicaps
(Specify missing or injured body parts, weakness, etc.)

Physical Handicaps
(Specify problem areas such as anxieties, fears, and hyperactivity)

Bones & Joints _____

Muscles _____

Organs _____

Weight Problem(s) _____

Chronic ailments:

Allergies:

Asthma/Respiratory _____

Insect Bites: _____

Heart _____

Tetanus shot: _____

Circulatory _____

Other: _____

Diabetes/Hypoglycemia

Epilepsy _____

Hemophilia _____

Preferred Personal Physician:

Preferred Hospital:

Parent(s), Guardian(s), or other Relative:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____