

# UW Oshkosh – Fox Cities

## Youth Event Health and Consent Form

Event Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age on 1<sup>st</sup> day of event \_\_\_\_\_ Sex: ☐ Male ☐ Female

Custodial Parent/Guardian (or spouse) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Second parent/guardian  
and/or emergency contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of last Tetanus booster : \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**TO THE PARENT(S) OR LEGAL GUARDIAN:** If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct.
- I understand University employees are mandatory reporters of child abuse and neglect.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Oshkosh – Fox Cities, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

\_\_\_\_\_  
**Participant Name (Please Print)**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
**Date**