MEDICAL TREATMENT CONSENT FORM

My son/daughter ___________________________ will be attending the UTSA Summer Camp this year, 2010. Prescriptions and/or over-the-counter medications that are permitted include:
___________________________________________________________________________

Allergies include:
___________________________________________________________________________
___________________________________________________________________________

In the event of a medical emergency, an employee of the UTSA Camp staff has my permission to seek medical treatment for my child. In an emergency, please call me immediately at: (      )       -           .

Our health insurance information is as follows:
Other information about my child’s health that would be useful in an emergency situation includes:
Parent’s Name (Printed): ___________________________________________________

Parent’s Name (Signed): _________________________________________________

INSURANCE AND HEALTH CARE

Parents should provide health insurance documentation for campers to keep with them during their time at camp.
If any camper is seriously ill or injured, he/she will be accompanied to the closest off-campus medical facility by licensed emergency medical technicians. Medical costs incurred for treatment will be the responsibility of the parents or guardian of the individual treated. Individuals with life-threatening conditions will be taken directly to a hospital emergency room.
Parental notification of minor injuries and illnesses is left to the discretion of the camper. Please discuss with your child your expectations regarding communication of such information.
UTSA Choir Camp cannot be responsible for or held liable for the administration of medication to campers. The camper must be able to self-administer his/her own medication.
Questions about medical related issues should be addressed to the Camp Coordinator.