MEDICAL TREATMENT CONSENT FORM

My son/daughter ___________________________ will be attending a UTSA Summer Camp. 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 Summer 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):

________________________________________________________