

## Consent to Treat and Medical Information Form

I, \_\_\_\_\_ (insert name of the legal guardian) give  
\_\_\_\_\_ (insert name of person signing for consent (i.e., the summer  
camp/program)) and/or a member of the staff of \_\_\_\_\_ [insert name of the  
summer camp or program the child will attend] at the University of Texas at Arlington permission  
to seek and consent to medical treatment in my absence for \_\_\_\_\_ (insert  
the name of the child) during the following time period from \_\_\_\_\_ (beginning date of  
camp/program) to \_\_\_\_\_ (end date of camp/program).

I further give permission for you to bill my insurance company for such services and I accept  
financial responsibility for charges for such services not covered by my insurance company.

**Attached is a copy of my health insurance card (both front and back).**

Printed Name:

Relationship to Child:

Signature:

Parent or Guardian: Please list other Medical Information that may be helpful in providing  
treatment to your child, including:

Allergies: \_\_\_\_\_

Current Prescription Medications (please indicate none if the camper is not taking prescription  
medication) : \_\_\_\_\_

Any non-prescription drugs the Camper is taking or is permitted to take including aspirin,  
acetaminophen, antihistamines, vitamins and supplements etc: \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Any Medical History about the child that a health care provider may need to know in order to treat  
your child (attach separate page if necessary):

\_\_\_\_\_

Your contact information (phone number(s) and the name and contact information for anyone  
else that we may need to contact in the event of an emergency involving your child:

\_\_\_\_\_

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