

CONSENT FOR TREATMENT OF MINOR

Form must be completed and returned to the camp director prior to the program start date. This information will be used by authorized University of Texas at Arlington staff or emergency personnel to make medical decisions about your child.

Personal Information

Camper's Last Name: _____ First Name: _____
Date of Birth _____ Gender M F
Program Attending: _____
Dates Attending: To _____ From: _____

Parent/Guardian Information – Emergency Contact Information

Parent/Guardian

Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip _____
Email: _____ Relation to Child: _____
Daytime Phone _____ Cell Phone/Alternate Number _____
Place of Employment: _____

Secondary Emergency Contact

Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip _____
Email: _____ Relation to Child: _____
Daytime Phone _____ Cell Phone/Alternate Number _____
Place of Employment: _____

Health/Medical Information

Health Insurance Carrier: _____
Policy Number _____ Plan Number: _____
Will the camper need to take medication while at camp? N Y (If Yes, please complete chart on page 2.)
List any allergies: _____
List activities that the camper should be restricted: _____
List any special dietary needs/restrictions: _____
Is the camper current with his/her immunizations? If no, please explain/list here: _____
N Y

Current Medications

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

Signed Authorization

I hereby give my permission for the staff of the University of Texas at Arlington to seek and obtain medical treatment in my absence for the minor named above in the event of an accident, injury or illness that may occur while attending the campus program. I agree to hold the University harmless from any damages arising from University's reliance on this permission and I understand I will remain liable for and agree to pay all costs and expenses incurred in the connection with such medical services rendered to the aforementioned child or youth pursuant to this authorization.

Printed Name: _____

Signature: _____ Date: _____