

Camp Medical Treatment Consent Form

(print name) _____ (age) ____ (SS#) _____
will be attending Bulldog Basketball Camp on the campus of Truman State University during the summer of 2009. I or the assigned chaperones give permission to the Bulldog Basketball Camp to act on my behalf for the above minor in granting permission for evaluation/treatment of minor medical problems.

I understand that should a major medical problem arise, I will be notified by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment deemed necessary, including x-ray exams and anesthesia to be rendered to said minor by a licensed physician(s).

I hereby certify I have read and fully understand this authorization.
(signature parent/guardian) _____ (date) _____
(telephone/s) _____
(address) _____

Please provide the following info concerning your camper:
Allergic reactions to: _____
Medications presently being taken: _____
Any past illness or other info that would be useful in the event medical treatment is needed: _____
Payment will be made by: (name of insurance company) _____
(policy number) _____
(address) _____