

REQUIRED PARENT/GUARDIAN CONSENT FOR TREATMENT

I understand that I am giving consent for my child to receive treatment at the UCA Student Health Clinic by a Healthcare Professional if needed. This medical history/medication consent form is correct as far as I know and I understand that both forms must be filled out COMPLETELY in order for my child to receive treatment at a UCA camp.

I understand that in case of an emergency, every effort will be made to contact a parent or guardian prior to treatment. However, if the parent or guardian cannot be reached and the situation requires immediate emergency attention as determined by the camp staff or by the clinic staff, I hereby authorize representatives of the camp to obtain emergency treatment for my child as deemed necessary.

I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR TREATMENT OR REFERRAL OF THE MINOR CHILD.

CAMP _____ CAMP DATES _____

CAMPER NAME _____

PARENT/GUARDIAN SIGNATURE _____ Date _____

To complete the REQUIRED Medical History Form, please go to:

<https://campgrounds.uca.edu/medical/uca>