

CONSENT FOR TREATMENT OF A MINOR-SUMMER CAMP/PROGRAMS

This medical treatment consent form must be completed by the parent or legal guardian of every Lamar University summer camp/program minor (under 18 years of age) participant, and be approved by Lamar University, prior to the first day of camp/program participation. An approved form is required to provide legal consent for any medical care, should it be necessary, during the summer camp/program.

Please complete and return this form to the sponsoring Lamar University organization.

Name of Minor: _____

Name of Summer Camp/Program:_____

Date of Birth of the minor: _____ **UIN or SSN of the minor:** _____

Address (Street, City, State, Zip Code): _____

Parent/Guardian Name: _____ **Relation to minor:** _____

Phone number: () _____ () _____ () _____
 Home **Cell** **Work**

In the event of sickness or injury, I, _____, the natural parent/legal guardian of _____ (a minor), give my consent for emergency medical and/or surgical treatment of this minor by a licensed health care professional should the need arise while he/she is attending a Lamar University summer camp or program. This may include (but is not limited to) laboratory work, x-rays, EKG's, administration of medications, inpatient and emergency care as deemed necessary. I am aware that the practice of medicine is an inexact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice (*Texas Family Code Title 2, subtitle A, Chapter 32*). This consent will be in effect from this date until minor is 18 years of age, unless cancelled earlier by me (parent/legal guardian) in writing. I understand that, as the guardian of the above mentioned minor, I am responsible for all financial charges incurred related to medical services.

Signature of Parent/Legal Guardian

Summer camp students are ineligible to be seen at the Student Health Center due to allocated fees paid by University students as enforced by the Texas State University System Board of Regents.

Medical Information related to Minor:

Allergic reactions to medicines/foods/other:_____

Current Medications: _____

Date of last Tetanus Booster: _____

Pertinent Medical History: _____

Every effort will be made by the sponsoring organization of Lamar University to contact the parent/legal guardian in a timely manner regarding the student's condition. Emergency medical treatments will not be withheld or Delayed based on whether or not parents/legal guardians have been contacted in order to maintain the safety of the student involved.