

UTSA FLUTE CAMP JUNE 15-19, 2015

MEDICAL CONSENT FORM

In case of sudden illness or accident, I consent to emergency treatment by professional medical / nursing staff to my child. In case of serious illness/accident, I will be notified immediately; however, 911 emergency services will be called and emergency care will be provided if deemed necessary by the camp staff. The University does not assume any financial or other responsibility, but wishes to provide the best services possible in case of emergency. I hereby give the UTSA Flute Camp Staff the authority to call 911 emergency services for the emergency treatment of my child.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name _____ Cell Phone _____

Alternate Adult _____ Cell Phone _____

PHYSICIAN INFORMATION:

Family Doctor _____ Phone _____

HEALTH INFORMATION:

Allergies: YES NO

Please list any known allergies:

Please list any known health conditions: (headaches, nosebleeds, etc.)

Please list any medications your child is currently taking:

Immunizations Up-to-date: YES NO If no, explain: _____

Any additional information:
