

## CONSENT FOR TREATMENT OF A MINOR

(Please Print or Type)

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_ (*name of camper*) (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of, and/or administration of medication to such minor as may be considered necessary or appropriate under the circumstances for the treatment of any condition, illness or injury of the minor. The attending physician, appropriate staff, and The University of Houston and its officers, regents, employees, and/or volunteers shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment, or administration of any medication, and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery, or administration of medication provided that these services are performed with ordinary care and to the best of their ability.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**PERTINENT MEDICAL/INSURANCE INFORMATION**  
(To be completed by parents/guardians)

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Other emergency contact: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Camper's Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Insurance:**

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**Medical/Behavioral Conditions:**

Allergies:

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Current Medications:

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Other Conditions, Restrictions, Special Diets, or Concerns:

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**I confirm that the above information is true to the best of my knowledge, and that I am not aware of any additional restrictions, special diets, medications, or conditions, required in order for my child to participate in the University of Houston sports camp activities other than as I have noted above.**

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Signature of Parent/Legal Guardian

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Date