

MEDICAL TREATMENT CONSENT FORM

My son/daughter _____ will be attending a UTSA Summer Camp. Prescriptions and/or over-the-counter medications that are permitted include:

_____. Allergies include:

_____ In the event of a medical emergency, an employee of the UTSA Summer Camp staff has my permission to seek medical treatment for my child. In an emergency, please call me immediately at: () -

Our health insurance information is as follows:

Other information about my child's health that would be useful in an emergency situation includes:

Parent's Name (Printed):

Parent's Name (Signed):
