

# BLUE 2017-18 Emergency Medical Treatment Permission Form

Student's First and Last Name (Please Print): \_\_\_\_\_

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

I understand that in the event of an illness or accident involving my student (other than those of a minor or routine nature) every reasonable effort will be made to contact a parent or legal guardian to consult with them concerning proposed treatment by professional medical personnel. However, should representatives of the Band be unsuccessful in reaching me during an emergency, I hereby give consent for a qualified physician to perform medical or surgical procedures deemed necessary to the welfare of the student. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general, or both) or surgery for said student if emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service.

I understand that Utica Community Schools, the Stevenson Band Booster Club and their representatives shall not be, nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this activity. Campers will only be released early from camp to the adults listed on this form. **It MUST be signed by a parent or legal guardian in the presence of a Notary Public. Complete this form entirely, with the exception of the parent/guardian signature, prior to getting it notarized.**

_____	_____	_____	_____
Parent / Legal Guardian name	Parent / Legal Guardian signature	Relationship to student	Date
<b>*** SIGN ONLY IN PRESENCE OF NOTARY ***</b>			
Phone Number 1: (____) _____		Phone number 2: (____) _____	

EMERGENCY CONTACT INFO

_____	_____	_____
Parent / Legal Guardian name	Relationship to student	Contact phone number(s)

Contact information for someone that doesn't live with the student in case parents cannot be reached:

_____	_____	_____
Printed Name	Relationship to student	Contact phone number(s)

Special Instructions: If you have personal or religious convictions that medical personnel should respect in the treatment of the above-named student, as well as any medical condition(s) and/or behavioral situation(s) that medical and camp personnel should be aware of, please list them and how they are handled:

\_\_\_\_\_  
\_\_\_\_\_

_____	_____
Notary Public Signature	Date
Acting in the County of Macomb, Michigan	My commission expires: _____