

GEORGETOWN UNIVERSITY
Summer Conference Programs
Offices of Summer and Conference Housing and Campus Activities Facilities

Consent To Emergency Medical Treatment

In the event that my child, _____, (participant), requires medical attention, I hereby authorize and consent to emergency medical treatment for my child/ward while participating in a summer conference program at Georgetown University. The program administrator or their designee has my permission, in an emergency if I cannot be contacted, to take my child/ward to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the wellbeing of my child/ward. I hereby authorize and consent to non-emergency minor first aid for my child/ward while enrolled as a participant in the Georgetown Summer Conference Program, as deemed necessary by the program administrator, counselors and/or Georgetown Emergency Response Medical staff (GERMS).

Parent/Guardian (Please Print Name)

Parent/Guardian Signature

Date Address: _____

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