

MEDICAL CONSENT

I (we), the undersigned parent(s), or legal guardian of (Name of Child) _____, do hereby request that he/she be permitted to attend the UC Irvine Summer Camps and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the licensed physician in the exercise of his/her best judgment may deem advisable.

It is understood that, if possible, effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatments will not be withheld if the undersigned cannot be reached in a timely manner. I (we) will not hold liable the Regents of the University of California, its officers, employees, or agents for medical aid or first aid rendered and will be solely responsible for all medical or other expenses incurred in the care of my child.

I authorize release of the information on this form to any licensed physician, hospital or medical staff member involved in the treatment or care of my child.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

MEDICAL INFORMATION

Emergency Contact _____ Phone _____

Current Medications _____

Pertinent Medical History _____

Allergies _____

INSURANCE INFORMATION (REQUIRED)

Insurance Company _____

Policy Holder Name _____

Policy Number _____

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of _____ and I have read and understood and agree to the terms and conditions of this application and I am signing this release on behalf of said minor.

Parent/Guardian Signature: _____ Date: _____