

# Eastern Washington University

## 2017 Summer Camp Medical Release and Consent for Treatment



This medical release waiver must be completed and submitted at registration. Medical insurance and the information regarding your health care coverage must be completed on this medical consent and waiver. EWU Camp Programs do not provide medical care coverage.

*A copy of the front and back of your insurance card is required; please attach them to this form.*

Camp Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_

*(Please print)*

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

Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_

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

Parent or Guardian - Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Telephone Number: (area code) \_\_\_\_\_

Work Telephone: (area code) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Contact Number: (area code) \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: (area code) \_\_\_\_\_

Insurance Providers Name: \_\_\_\_\_

Policy / Identification Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Providers Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pre-existing Medical Conditions (include allergy and medication information):

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

*Please read, sign & return*

I hereby authorize the Camp Director, EWU, its staff or agents to administer emergency medical treatment to my child, for any injury or other medical emergency while attending EWU summer camp. This consent also extends the right to EWU, its staff or agents, to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve life or well-being. I hereby release, hold harmless and indemnify the State of Washington, EWU, its staff or agents for any injury or damage related to administration of emergency medical care as authorized herein.

I know of no mental or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his or her attendance at camps held at Eastern Washington University.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the camp does not use this form they must submit the form they are using with our language included*