

Eagle Camp



Permission to Treat Form

Name of Student: _____ Student ID#: _____ DOB: ____/____/____

Emergency Contact Name: _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Known Allergies: _____

Relevant Health Conditions: _____

Current Medications – (include all prescriptions and over the counter medication): _____

Excluded Activities/Restrictions: _____

Do you have a disability that will require accommodations under the terms of ADA/505: Yes No

Accommodation requested: _____

Permission to treat:

The person herein named is medically cleared and has permission to engage in all prescribed camp activities unless otherwise noted. I hereby give permission to the medical personnel selected by the camp director, to order medically necessary tests, treatment, and transportation for me/ or my student. In an emergency, if the emergency contact named above cannot be reached, I hereby give permission to the physician selected by the camp director to administer treatment, including hospitalization deemed medically required, for me/ or my student.

Student's Printed Name

Signature

If under 18, Guardian's Printed Name

Guardian's Signature

Mail registration form, release forms and payment to:

Eagle Camp
P.O. BOX 311274
Denton, TX 76203

Office: (940) 891-6732 • Fax: (940) 369-7849
eaglecamp@unt.edu • www.unt.edu/eaglecamp