

# Summer YES 2009

## CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

**Parent: Please complete and either mail or fax this form to our office no later than Wednesday, July 1, 2009.**

Summer YES  
131 Sciences Center Classroom Building,  
Auburn University, AL 36849  
Fax: 334-844-5740

As part of a *special* program at Auburn University, your minor child or ward is scheduled to be a guest of the facility during the period of **July 6, 2009- July 9, 2009**. Please read the accompanying information about the program in which your child or ward will be participating.

Emergencies may arise through unanticipated causes such as highway accidents, slip-and-fall accidents, and the like. Since time and/or distance can make it difficult to contact you for consent to medical care and treatment in an emergency, it will be necessary for you to give permission to authorize such care or treatment without first contacting you. If medical care or treatment for conditions less than an emergency is indicated, efforts will be made to contact you before such care or treatment.

Auburn University has access to several excellent health care facilities, including an on-campus student medical clinic (334-844-4416) and a full-service emergency hospital – East Alabama Medical Center (334-749-3411) - less than 5 miles from campus.

I, (parent) \_\_\_\_\_ am the parent or legal guardian of  
(child) \_\_\_\_\_, a minor. I hereby authorize and consent to medical and surgical care and treatment for the minor named above in any circumstance which, in the judgment of the health care provider or its agents and employees, requires such care or treatment.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

### Medical Information

Date of birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Allergies to medication (please list, if any): \_\_\_\_\_

Medical conditions that may require special attention: \_\_\_\_\_

Food Allergies/special dietary needs: \_\_\_\_\_

Child's physician (include name and phone number): \_\_\_\_\_

Regular medications being taken (see note below): \_\_\_\_\_

#### Emergency contacts:

Parent(s) (name and phone number): \_\_\_\_\_

Additional contact other than parent (name and phone number): \_\_\_\_\_

It is essential that this form be filled out thoroughly and legibly. YES staff will refer to this form for names and telephone numbers of family members (or other designated persons) to be called for emergency or medical decision purposes. Medical personnel will refer to this form whenever medical treatment is necessary; this form is the only guide a health care provider will have in case of emergency. **For students who require prescription medications while attending the program, it is essential that parents complete this form and upon camp check-in, bring the medication to a YES staff person clearly labeled with student name, contents, and dosage information.**

Information provided in this form is treated with confidentiality. Auburn University will destroy medical forms after the program.

**I agree to allow Auburn University to video and photograph my child during scheduled camp activities for promotional publications (brochures, newspaper articles, program web site, etc)**

(Check one):  Yes  No

\_\_\_\_\_  
Signature of Parent/Guardian