

**Medical and Surgical Treatment Authorization:**

I hereby authorize and give my consent to the health authorities of Washington State University or any licensed physician to perform upon or administer to: (participant name) \_\_\_\_\_ any reasonable necessary medical or surgical treatment. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, blood transfusions, and minor operations and procedures.

In the event of indicated major surgery, or major operation, the University authorities or physicians are not hereby excused from making a reasonable attempt to contact me by phone or mail before relying upon this authorization. This authorization does not entitle the service or physician to render any medical or surgical treatment without the participant's personal consent, unless the participant is unable to give consent. This permission is good only while the participant is attending a camp sponsored by Washington State University and only until the participant has attained his/her eighteenth birthday.

I freely sign this authorization in consideration for permission for my child or ward to participate in camp. I understand that I will be responsible for any medical expenses in connection with the participant's attendance at this camp.

I HAVE READ THIS FORM AND I AM SATISFIED THAT I UNDERSTAND ITS CONTENTS AND SIGNIFICANCE.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Date

Cougar String Camp

### Emergency Information and Release Form

As parent/guardian, I hereby authorize the directors and staff of the Cougar String Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Cougar String Camp and Washington State University. I know of no medical or physical problems which might affect my child's ability to participate in this program. I will be responsible for any medical or other charges in connection with his/her attendance at Cougar String Camp. I have read the rules and regulations of Cougar String Camp and my child and I agree to abide by them. I understand that failure to abide by the rules and regulations may result in the student being dismissed from the program.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Special Medical Conditions (attach additional page if necessary)

\_\_\_\_\_

Allergies to drugs: \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Allergies to foods: \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Allergies to bee stings that require medication \_\_\_ Yes \_\_\_ No

Special dietary restrictions \_\_\_\_\_

Other pertinent information (including medications the student is currently taking)

\_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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