

Parent Medical Consent Form

A+ Summer Program

Dear Parent(s) or Guardian(s):

While your son/daughter is participating in the A+ Summer Program and is physically involved in activities sponsored by the program, a limited amount of routine medical care is provided on a need basis. Also, in the event that emergency treatment is necessary for any reason, the A+ Summer Program Director needs your consent to approve of treatment and /or hospitalization.

All cost incurred for medical treatment of participants will be the responsibility of the Parents(s) or Guardian(s).

Sincerely,

A+ Summer Program

PLEASE FILL IN THE FORM BELOW:

I, _____, give my consent for _____ to receive the medical care available to A+ Summer Program students. In the event that emergency treatment is required and I am not available, I give my consent for the A+ Summer Program Director, or their representative or other HU official (i.e. Dean of Men, Dean of Women, V.P. for Student Affairs, etc.) to approve of necessary treatment and/or hospitalization. I understand that such treatment will be at my expense.

Signature _____ Date _____