

EMERGENCY TREATMENT CONSENT FORM HEADS UP! HARTFORD CAMP - 2023

CAMPER NAME: _____

ALLERGIES: _____ TETANUS CURRENT: YES NO

I, _____, am the parent or guardian having legal custody of
_____, a minor, age _____, born (____/____/____) who is enrolled in the Heads Up!
Hartford Summer Camp.

CAMPER'S CHRONIC/RECURRING ILLNESS: (check if yes)

- Earaches Diabetes Rheumatic Fever Sinusitis
- Respiratory Infect Asthma Epilepsy Stomach aches
- Heart problems (specify) _____
- Head Injury (specify) _____
- Mental Health Concern/Behavioral Problems (specify) _____
- Other (specify) _____

LIST ALL MEDICATIONS BEING TAKEN (Name and explain)

I hereby give consent for said minor to participate in the Heads Up! Hartford Camp. I hereby authorize, in the event I cannot be contacted, that a Camp Director, or in their absence, the acting adult staff person, an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Connecticut, and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to said minor under the general or special supervision and on the advice of any dentist licensed to practice in the State of Connecticut, during the said minor's absence from home.

I understand that this authorization is given prior to any need for medical care or treatment for said minor and prior to the actual scheduling of the day trip(s), but it is given by me to avoid any unnecessary delay in obtaining my consent for such day trip(s) and to avoid unnecessary delay in the administration of necessary medical treatment for said minor which a Camp Director or adult staff and physician or dentist may deem advisable in the exercise of their/his/her best professional judgment.

Additionally, I authorize the Camp Director, or in their absence, the acting adult staff person, an adult in whose care the minor has been entrusted, to administer in their judgment, CPR, first aid, or other treatment before a medical professional is available.

Date: _____ Signature of parent or guardian _____

Street address, Town, State, Zip _____

(Home Phone) (Cell Phone) (Work Phone)

Please specify an emergency contact if we cannot reach you during the Heads Up! Hartford camp:

Name _____

Home Phone/Cell Phone _____ Relation to Camper _____