

### **AUTHORIZATION FOR MEDICAL CARE**

Medical needs, with the exception of minor first aid treatment, will be handled through local Emergency Medical Services. Program staff will administer minor first aid treatment. In cases where medical attention is necessary, the Parent or Guardian will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. Hospitals will not perform services unless this form is presented at the time of treatment.

The Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a Participant, Parent, or Guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to the Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Loyola University pertaining to the Participant's medical, mental and physical condition, if any, that may affect the Participant's ability to participate in the program, and that it is accurate and complete. I agree to notify Loyola University of any changes in the Participant's mental, physical or medical condition.

Loyola University will **NOT** use medical information disclosed to determine the Participant's ability to participate safely in activities. I understand that, if the Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and the Participant.

**I have legal authority to consent to medical treatment for the Participant named below.**

**Participant Name** \_\_\_\_\_

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

**Parent/Guardian Name** \_\_\_\_\_

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