

## Consent of Parent or Guardian for Emergency Treatment for participants under 18 years of age

To procure emergency care that may be necessary for our campers and to protect the physicians and institutions involved, it is necessary that you sign the consent for emergency treatment statement. While every reasonable effort is made to contact families in the event of serious injury, this is not always possible within a short period of time; therefore, the consent form is necessary to provide appropriate emergency care.

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I \_\_\_\_\_ pursuant to the authority vested in me as Parent/Guardian of  
(Print Full Name of Parent/Guardian)  
\_\_\_\_\_ do hereby authorize the Medical Staff of the  
(Print Full Name of Camp Participant)

UAlbany Volleyball Camp/University at Albany, upon consultation with a practicing physician to exercise for me and in my behalf, all my rights and duties with reference to consenting to appropriate medical and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment by any hospital, staff surgeon, physician or radiologist which they may deem necessary for the emergency care of my daughter.

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Parent/Guardian Signature

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Date