

Shepherd University Athletics
CAMP AND CLINIC PARTICIPATION WAIVER (MINOR)

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) FOR TREATMENT

I do hereby state that I have legal custody, or otherwise the legal authority over medical care, of the aforementioned Minor, The Camper. I grant my authorization and consent for Shepherd University Athletics Training Staff or Camp Director to administer general first aid treatment for any minor injuries or illnesses experienced by the Camper. If the injury or illness is life threatening or invasively traumatic or otherwise in need of physician treatment, I authorize the University Athletics Training Staff or Camp Director to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the University Athletics Training Staff or Camp Director in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. It is further understood that University Athletics Training Staff or Camp Director will make continuing efforts to contact the authorizing custodial parent/guardian and will make every reasonable effort to empower decision-making of the custodial parent, as circumstances allow.

This authorization is effective through the last day of _____ camp.

Parent/Guardian Signature

____/____/_____
Date of Signature

Parent/Guardian Printed Name