



**University of Maine  
Summer Sports Camps**

**PERMISSION FOR MEDICAL TREATMENT**

If your child requires off-campus medical services, such as prescription medications or emergency evaluation they will be transported to Orono Medical Center, Eastern Maine Medical Center, or St. Joseph Hospital. Payment will be the responsibility of the parent or guardian. In order to provide these medical services, the attending physician will require a Permission to Treat Statement and insurance information. The University of Maine Summer Sports Clinic Athletic Training Staff will make every effort to contact you or the other people you have identified on this form in the event of an emergency. Thank you for your cooperation.

I, the parent/guardian of \_\_\_\_\_ give permission for emergency transport and medical treatment to be administered. I also give permission for the Athletic Training Staff to administer over-the-counter medications, such as children's Tylenol.

Date \_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent Guardian Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_  
\_\_\_\_\_

Work Phone \_\_\_\_\_