

STETSON SPORTS CAMPS
EMERGENCY MEDICAL INFO AND TREATMENT PERMISSION/LIABILITY RELEASE FORM

*** This form must be Notarized***

NAME OF CHILD/CAMPER: _____

SPORTS CAMP NAME: _____

AGE OF CHILD/CAMPER: _____ DATE OF BIRTH: _____

EMERGENCY MEDICAL INFORMATION:

On the lines below, please advise if there is any medical information that is important to know in relation to the camper's health and safety in regards to playing sports, physical activities, or outdoor play. - This information will be kept confidential and is to be used for emergency purposes only:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION, PAYMENT, AND RELEASE:

Volusia County and surrounding medical facilities and counties now require medical treatment authorization by parent or legal guardian before providing full medical care beyond basic emergency treatment and stabilization. Therefore, in case of emergency, if you would like emergency staff and attending physicians to proceed with administering full emergency medical care and treatment in event you (the parent/legal guardian) cannot be reached, please sign, date and notarize the following authorization statement:

Parent/Legal Guardian Statement:

In case of emergency and I cannot be reached, I authorize Stetson University and its staff, assistants and representatives, at their discretion, to obtain emergency medical care for my child/camper, and I release them from liability and payment responsibility for such decisions.

In addition, I authorize hospital staff, EMT's, emergency medical staff, attending physicians and specialists to act according to their best judgment in administering medical attention and treatment to my child listed above, and I agree to be responsible for paying all related medical costs and expenses.

I hereby attest that I am the parent and/or legal guardian of stated child/camper above, and have the authorization to sign this document and release.

Name of Parent or Legal Guardian: _____

(Please Print)

Signature of Parent or Legal Guardian: _____

Date: _____

Emergency Contact Phone #'s: _____

Sworn to me and subscribed before me this _____ Day of _____ 20____, by:
_____: Notary Public, State of Florida.

Personally Known: _____ Produced Identification: _____

Notary SEAL: