



Hendrix Summer Programs Medical Consent and Services

Instructions: Participants and parents or guardians should read this document and any associated documents carefully.

Participant Name: _____

Name(s) of Legal Parent(s) or Guardian(s): _____

Medical Consent

- I. I understand and agree that the College does not have medical personnel available at the location of the Program. I hereby authorize the College and its agents and employees at their discretion without obtaining any further consent to arrange such medical services and treatment as may be deemed necessary for the Participant's safety and protection at the sole risk and expense of the Participant or Parent. I understand and agree that the College assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.
- II. I have shared all pertinent health information for the participant (named above) on the associated registration form.
- III. I understand that in the event of an emergency, every effort will be made to contact a participant's legal parent or guardian prior to treatment. If a legal parent or guardian cannot be reached and the situation requires immediate attention as determined by program staff or representatives, I authorize the Program Director or program representatives to arrange for the participant's (named above) transportation and immediate medical care.
- IV. I agree to the release of any records necessary for the medical treatment or referral of the above named participant.
- V. In the event the participant named above suffers a minor illness or injury, I grant permission for treatment to be given by medical personnel designated by the Program Director or program representatives.
- VI. I understand that I am responsible for all costs having to do with accidents, illness, or medical care and which are not covered by my insurance.

By providing my signature, I am indicating that:

- I have carefully reviewed, fully understand, and agree to the contents of this document.
- I confirm that I am the legal parent or guardian of the listed participant.

Signature _____ **Date** _____

(Of parent/guardian if participant is under 18)

Name of Signatory (Printed) _____