

LUTHER COLLEGE
PARENTAL CONSENT FORM FOR MEDICAL TREATMENT
FOR STUDENTS 18 YEARS OF AGE OR UNDER

In the event of serious illness or accident, every effort will be made to contact parents or guardian. However, if the delay of medical or surgical treatment would be detrimental to the health of the student, authorization for consultation and treatment by area physicians is requested. All medical expenses incurred are the responsibility of the parent/guardian.

This form must be completed and signed by a parent/guardian and returned with a photocopy of their health insurance card to the Summer Camps Office before camp begins.

Student Name _____ Birthdate _____
Street Address _____ Age _____
City _____ State _____ Zip _____
Camp Name _____ Camp dates _____

_____	Daytime Phone () _____
Parent or Guardian Name (please print)	Evening Phone () _____
	Cell Phone () _____

Person to be notified in an emergency if parent/guardian is unavailable:

Name _____	Daytime Phone () _____
	Evening Phone () _____ Cell _____
	Phone () _____

Family Doctor _____ Office Phone () _____
Health Insurance Company _____ Policy # _____
Address _____ Subscriber _____

Phone _____

☐ Does this student have any allergies? If so, describe _____

☐ Does this student have any medical condition for which he/she is being treated? If so, describe _____

☐ List current medications for this student _____

☐ What is the health condition of the student? _____ Date of last tetanus booster: _____
(must be within 10 years)

Permission is hereby granted to any duly licensed dentist, physician and/or surgeon to perform emergency dental, medical or surgical service for:

Name: _____ Date: _____
Signature of Parent/Guardian: _____