UMass Lowell RecKids Summer Camp
Consent to Medical and/or Surgical Treatment

Program Aide/Camper Name: _____ _____ _____
(Last) (First) (MI)

In the event of injury to or illness of our son/daughter/ward, _____ born _____, 19_____. I (we) hereby authorize the University of Massachusetts Lowell, or representative thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. **It is the responsibility of the parent/guardian to inform the camp in writing of any changes.**

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned, on his or her behalf, and on behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the University of University of Massachusetts Lowell, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility. In the event of an emergency, if possible, I prefer the following physician and/or hospital:

_____ _____ _____
Physician Phone # Hospital

The undersigned hereby acknowledges that he/she is the legal guardian of the program aide/camper and has read and agrees with the Consent to Medical and/or Surgical Treatment stated above.

_____ _____
Name of Parent or Guardian (please print) **(Date)**

_____ _____
(Signature of Parent or Guardian) **(Relationship to program aide/camper)**