CONSENT FOR TREATMENT OF A MINOR- RUNNING CAMP/PROGRAMS

(Information and consent for treatment of a student under 18 years of age)

This *medical treatment consent form* must be completed by the parent or legal guardian of every San Clemente Track Club running camp/program minor (under 18 years of age) participant. An approved form is required to provide legal consent for any medical care, should it be necessary, during the running camp/program.

*Please complete and return this form to Coach Horton no later than July 22th.

Name of Minor: _____DOB:_____

San Clemente Track Club High Altitude Running Camp 7/31-8/6/2016

UIN or SSN of the minor:_____

Address(Street, City, State, Zip Code): _____

_____

Parent/Guardian Name: _____

Relation to Minor:_____

Primary Contact Phone Numbers:	Secondary Contact Phone Numbers:
Home: ( )_____	Home: ( )_____
Cell: ( )_____	Cell: ( )_____
Work: ( )_____	Work: ( )_____

Name of physician: _____ Phone: ( ) _____

In the event of sickness or injury, I, _____, the natural parent/legal guardian of _____(a minor), give my consent for emergency medical and/or surgical treatment of this minor by a licensed health-care professional should the need arise while she is attending the San Clemente Track Club High Altitude Running Camp. This may include (but is not limited to) laboratory work, x-rays, EKG's, administration of medications, inpatient and emergency care as deemed necessary. I am aware that the practice of medicine is an inexact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice. I understand that, as the guardian of the above mentioned minor, I am responsible for all financial charges incurred related to medical services.

_____Date:_____

Signature of Parent/Legal Guardian

<u>Medical Information related to Minor</u>:

Allergic reactions to medicines/foods other: _____

_____

_____

Current Medications: _____

Date of last Tetanus Booster: _____

Pertinent Medical History:_____

_____

Every effort will be made to contact the parent/legal guardian in a timely manner regarding the athlete's condition. Emergency medical treatments will not be withheld or delayed based on whether or not parents/legal guardians have been contacted in order to maintain the safety of the student involved.