

Medical and Surgical Treatment Authorization:

I hereby authorize and give my consent to the health authorities of Washington State University or any licensed physician to perform upon or administer to: (participant name) _____ any reasonable necessary medical or surgical treatment. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, blood transfusions, and minor operations and procedures.

In the event of indicated major surgery, or major operation, the University authorities or physicians are not hereby excused from making a reasonable attempt to contact me by phone or mail before relying upon this authorization. This authorization does not entitle the service or physician to render any medical or surgical treatment without the participant's personal consent, unless the participant is unable to give consent. This permission is good only while the participant is attending a camp sponsored by Washington State University and only until the participant has attained his/her eighteenth birthday.

I freely sign this authorization in consideration for permission for my child or ward to participate in camp. I understand that I will be responsible for any medical expenses in connection with the participant's attendance at this camp.

I HAVE READ THIS FORM AND I AM SATISFIED THAT I UNDERSTAND ITS CONTENTS AND SIGNIFICANCE.

_____ Signature of Parent or Guardian

_____ Relation to Participant

_____ Printed Name

_____ Date