

**UCM Summer Arts Camps Medical Treatment Permission Form- 2024**

*(please bring this with the student when they arrive for camp)*

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, hereby give my permission to  
(student's name)

any physician, nurse, or other emergency personnel for treatment of injury or illness at the request of any member of the University of Central Missouri Arts Camps Staff or UCM employee during my child's participation in the camp, June 8-14, 2024.

I also give my permission for transportation necessary to receive such treatment. I understand that I am responsible for payment of all charges related to medical treatment and transportation necessitated by illness or injury.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Emergency Contact phone: (        ) \_\_\_\_\_

Relationship to student \_\_\_\_\_

(Feel free to list additional contact names and phone numbers on the back of this form)

Allergies to medications or other substances? If so, please list :

Does your child need to take or carry any medications while at camp (i.e. insulin, epi pen, etc.) ?

Insurance Carrier name, policy numbers, and carrier phone number:  
*(You can type out this information or you may take a photo of both sides of your insurance card, print out the photo, and turn that in with this form.)*

Child's physician name and phone number: