

## Permission to Treat Consent Form

Student's Name \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Legal Guardian: First & Last Name \_\_\_\_\_

Legal Guardian: First & Last Name \_\_\_\_\_

Student's Home Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Please indicate any known allergies (including food) \_\_\_\_\_

**1)** I give permission for my child to take medication/vitamins for illness and health problems (i.e. vitamins, decongestant, migraine medicines, prescriptions) while at the Summer Programs. The medication/vitamins must be furnished by the student's family and I must complete a medication form with specific medication/vitamin listed and dosage. I understand that any medication/vitamins that my child brings to the Summer Programs are for his/her use only. **Under no circumstances may medication/vitamins of any kind be shared. Violation of this policy will result in dismissal from the program.**

**2)** I give permission, in case of injury or illness, to have a medical doctor provide medical assistance and/or treatment for my child.

**3)** I also understand and accept the financial responsibility for the medical expenses incurred by this student during the Summer Programs.

**4)** I understand transport to a medical facility may require an ambulance and that CBK will attempt to reach me to provide this transport only if I live within 45 minutes of campus in a non-emergency situation as decided by the Residential Director at the scene. I also understand that I must complete the Transportation Waiver in order for CBK staff to get my student to a clinic without ambulance transport.

**4)** All of the information I have provided on this form is correct.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Legal Guardian who signed above (please print) \_\_\_\_\_