



TREATMENT CONSENT FORM

SD MINES SUMMER CAMPS

Printed Name of Student: _____ DOB: _____

I _____ hereby give consent to the SDSM&T
(Parent/Guardian Printed Name)

Summer Youth Camp Staff to seek health services for my child,

(Student Printed Name)

These services may include any of the following:

- Physical exams, including routine laboratory and x-ray procedures.
- Dental exams, routine dental care and necessary emergency dental care.
- Emergency medical care and services for accidents or illnesses deemed necessary during the camp.
- Eye exams as deemed necessary.

In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I also give permission to transport my child to and from locations where health services are provided.

(Parent/Guardian Signature) (Date)

Address: _____
(Street/Box No.)

(City) (State) (Zip Code)

(Home Phone) (Cell Phone)

Please provide an emergency contact that we may contact in the event that you are unable to be reached.

(Name) (Emergency Phone) (Relationship)