

Permission to Treat



Spirit • Pride • Tradition • Since 1879



Name of Student: _____ Student ID#: _____ DOB: __/__/__

Emergency Contact Name: _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Known Allergies: _____

Relevant Health Conditions: _____

Current Medications (Include all prescriptions and over the counter medication): _____

Excluded Activities/Restrictions: _____

Do you have a disability that will require accommodations under the terms of ADA/505: Yes No

Accommodation requested: _____

Permission to treat:

The person herein named is medically cleared and has permission to engage in all prescribed camp activities unless otherwise noted. I hereby give permission to the medical personnel selected by the camp director, to order medically necessary tests, treatment, and transportation for me/ or my student. In an emergency, if the emergency contract named above cannot be reached, I hereby give permission to the physician selected by the camp director to administer treatment, including hospitalization deemed medically required, for me/ or my student. I hereby release and hold harmless, Sam Houston State University, Texas State University System, their regents and employees or "released parties" for any and all claims, causes of action, damages, injuries, or losses of any kind whatsoever that may result, directly or indirectly from any decisions by released parties in making such decisions as referenced above.

Student's Printed Name

Student's Signature

Guardian's Printed Name (If under 18)

Guardian's Signature (If under 18)

2nd Guardian's Printed Name

2nd Guardian's Signature

Please bring this form and waiver to registration or mail to:

Barkat Camp

Sam Houston State University

Box 2387

Huntsville, TX 77341

Office (936)294-1947 Fax (936)294-1913