

# Permission to Treat



## Sam Houston State University Honors Welcome Retreat

Important: This is a Legal Document - Read Carefully

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 contact 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

\_\_\_\_\_  
Guardian's Signature (if under 18)

\_\_\_\_\_  
2nd Guardian's Printed Name

\_\_\_\_\_  
2nd Guardian's Signature (if under 18)

**Please return this form and waiver to our fax, email, or mail to:**

SHSU Honors College

Email to: shsuhonors@shsu.edu

Box 2479

Fax to: (936) 294-1090

Huntsville, Texas 77341