

Great Valley Writing Camps • **Medical Authorization** (Preview)

This agreement is required for enrollment. It must be authorized via checkbox during the online enrollment process.

Parent/Guardian: Your child's safety and well-being is very important to us. Please preview this authorization form before enrolling online. You will be required to indicate your authorization before being allowed to complete the registration process.

Questions? Contact Melissa King at (209) 838-2115.

AUTHORIZATION FOR MEDICAL TREATMENT:

By clicking the "I agree" checkbox on the registration page, I verify that I am the parent or guardian of each of the aforementioned student, and that I have legal custody.

I also verify that I have submitted one or more emergency telephone numbers to be used in case medical needs arise with this student during the workshop.

In a medical situation where teachers are unable to reach a parent or legal guardian, or when the parent/guardian is unable to arrive on the scene in a timely manner, I grant my authorization and consent for the teachers of the Great Valley Writing Camp to administer general first aid treatment for any minor injuries or illnesses experienced by the student during the workshop.

If the injury or illness is life-threatening or in need of emergency treatment, I authorize the teachers at the Great Valley Writing Camp to summon any and all professional emergency personnel to attend, transport, and treat this child.

Furthermore, when no parent/guardian is present to act on the child's behalf, I authorize the Great Valley Writing Camp to act as my representative in giving consent for the aforementioned child to receive emergency medical services, including any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care that is deemed advisable by (and rendered under the general supervision of) any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in California.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

AUTHORIZATION OF PARENT OR GUARDIAN:

By clicking the "I agree" checkbox on the registration page, I verify that I have read and understand the Authorization for Medical Treatment, and I authorize the Great Valley Writing Camp to act as my representative in giving consent for this child to receive first aid and/or emergency medical services.