

## AUTHORIZATION FOR MEDICAL TREATMENT

Please complete this form in its entirety to reserve a place in the SFA summer music program for your child. Each participant must be covered by camp insurance.

I, \_\_\_\_\_, give permission for

my child, \_\_\_\_\_, to be treated by the Stephen F. Austin University physicians and further authorize treatment at Nacogdoches Memorial Hospital or Nacogdoches Medical Center in the event my child needs treatment the university physicians are unable to provide while in attendance at SFA Band Camp.

Does your child have allergies to medication or food?

If yes, state: \_\_\_\_\_

Does the student require any special treatments or medication?

If yes, state: \_\_\_\_\_

Is the child covered by health insurance?

If yes, please give the company name and policy number:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you give permission for the staff at the camp to administer over-the-counter medications (headache tablets, upset stomach formulas, etc.) in the event your child requires medication?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If your child requires specialized care or treatment, written permission from a family physician must accompany your child so that we may ensure care. SFA Summer Camps is not responsible for payment of treatment.

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Signature of Parent/Guardian

**Please Complete and Mail to:**

SFA School of Music  
Attn: Donna Cornwall  
Box 13043 - SFA Station  
Nacogdoches, Texas 75962-3043