

Authorization for Medical Treatment

As a condition of my participation in the 2019 Pharmacy Summer Camp to be held at Western New England University (hereinafter "Activity"), on Monday, June 24, 2019, through Friday, June 28, 2019, and in order that I may receive the necessary medical treatment in the event of an emergency whereby I may sustain injury or illness during participation in the Activity, I authorize any Western New England University official to consent to and obtain necessary treatment or hospital care for such an injury or illness during the trip and I hereby release, discharge, indemnify, and agree to hold Western New England University, its successors, assigns, and other legal representatives, and its trustees, officers, employees, agents, or servants harmless in the exercise of its authority. I further hereby acknowledge that neither Western New England University, nor any of the persons named above have any obligation to seek such treatment.



**2019 Golden Bear
Pharmacy Summer Camp**

**Supported by the WNE
Alumni Association.**

Should the need arise, the following information may be given to any healthcare provider:

PARTICIPANT

Name: _____

Permanent Address: _____

Allergies: _____

Pre-existing conditions: _____

EMERGENCY CONTACTS

Name: _____

Phone: Daytime _____ Cellular _____

Name: _____

Phone: Daytime _____ Cellular _____

PARTICIPANT'S REGULAR PHYSICIAN

Name: _____

Phone: () _____

I have read and understood the above Authorization for Medical Treatment:

Participants Printed Name: _____

Participants Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Mail or email form to:

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