## USM/Maine Robotics - Summer Camp Permission for Medical Treatment

## ONLY REQUIRED IF REGISTERING BY MAIL

If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital emergency unit<sup>1</sup>. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require *Permission to Treat Statement* and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency.

CAMPER NAM	ME:			
Family/Child Physician:			Phone:	
Insurance Com	pany:			
Policy Number: Group Number:				
Parent/Guardia	n Address:			
1	City:	State:	Zip code:	
Parent/Guardia	n Phone Numbers: (all that appl	y)		
	Home:	Work: _		
	Cell phone:	Other:		
Alternate Conta	act (relative or family friend that	t we may co	ntact if we can't reach parent/guardian)	
	Name:	Phon	ne:	
	Relationship:			
	ol, she/he will likely have those needs		need to know about. If your child needs special attention or ll. We will work with parents/guardians to address special	
			l in original prescription container with child's	
emergency tran	, the parent/guar asport and medical treatment to b sonnel.	oe administe	give my permission for ered to him/her by a physician or other certified	
Date	Parent or Guardian Sign	ature	Date permission effective until	
210 John Mitchel	Outreach - Camps Il Center ie, Gorham, ME 04038			

<sup>&</sup>lt;sup>1</sup> Maine Robotics does not maintain, nor is required to maintain, medically trained professionals at our day camps. Medical Treatment/Release Form: Revised 12-21-2021