

Camp Mustang
Consent for Emergency Treatment

I/We authorize the Camp Mustang employee in charge to sign for my son/daughter to receive any emergency medical treatment or other medical care that may be deemed necessary. Consent is given for Camp Mustang, any physician's office, or any Emergency Medical Care Center and its personnel to request any needed medical information or records on my son/daughter and/or discuss any information that may be needed to best care for my child.

Consent is given for medical information to be given on an as needed basis to the Staff of Camp Mustang in order to best care for my son/daughter while in the care of the Staff of Camp Mustang. Diligent efforts will be made to contact parent(s)/guardian(s) before any medical treatment is given.

Parent Signature _____

Date _____