



Authorization to Obtain Medical and Dental Assistance "TRY-IT!" Program

Student's Name (Last, First, MI)

It is a condition of your child attending camp that you grant permission to the TRY-IT! camp staff to obtain emergency medical or dental care for your child should it be necessary. The camp will attempt to contact you to advise you of the situation and obtain your consent for treatment of any significant illness or injury. However, based on the urgency of the situation, if the camp staff is unable to contact you, your child will be taken to a hospital emergency room or health care facility for evaluation and treatment by a physician.

Also, some minor injuries may occur while your child is at the TRY-IT! camp. Please give us permission to treat any minor scrapes or cuts using basic first aid techniques. This includes the use of Band-Aids and topical antiseptics.

I hereby request and authorize the staff of the "TRY-IT" Program to obtain medical or dental assistance for my child in the event of an emergency and to provide basic first aid for minor injuries should the need arise.

Signature of Parent / Guardian

Date

****** FAILURE TO SIGN THIS FORM WILL DISQUALIFY YOUR CHILD
FROM PARTICIPATION IN THE PROGRAM******

TRY-IT, 149 Transcript Avenue, Lexington, KY 40508
Phone: 859-257-4400 Fax: 859-323-9747