

SPARK: Medical Authorization (Required)

Emergency Medical Treatment Authorization

In the event my child requires medical care while attending the Space Physics and Astronomy Kamp (SPARK), all reasonable attempts will be made to contact me at the phone numbers provided to obtain consent for treatment. In the event you are unable to reach me, emergency treatment may be provided as needed. If in the judgment of the health care provider the medical care is not an emergency, no treatment will be provided until my consent has been provided by phone or in person.

I agree to assume all costs related to such treatment and authorize my insurance company to pay benefits to The University of Iowa Student Health Service, the University of Iowa Hospitals and Clinics, or UI QuickCare.

Participant Name: _____

Parent/Guardian Name: _____

Primary Phone: _____ Other Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Primary Phone: _____ Other Phone: _____

Parent/Guardian Signature: _____ Date: _____