



EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

SAME Engineering & Construction Camp

I, _____ do hereby appoint and authorize The Society of American Military Engineers (SAME) and the SAME Engineering and Construction Camp and its military or civilian designated representatives as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by my Attorney-in-Fact for the health and well-being of my son/daughter, _____, who is attending the SAME Engineering and Construction Camp. See note below. This power shall terminate on _____ (Three days following the close of the camp is recommended.)

BY ITS NATURE, PARTICIPATION IN ENGINEERING AND CONSTRUCTION ACTIVITIES INCLUDES A RISK OF INJURY WHICH MAY RESULT IN SEVERITY FROM MINOR, TO LONG-TERM CATASTROPHIC INJURY, OR TO EVEN DEATH.

Although serious injuries are not common in supervised school engineering and construction programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to, help reduce the chance of injury. CAMPERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THE CAMP CADRE, AND INSPECT THEIR OWN EQUIPMENT DAILY.

The SAME Engineering and Construction Camp Program does NOT screen applicants for illness, injury, allergies or other medical conditions that would prevent or limit the participation by the applicant in engineering, construction, athletic or outdoor programs.

It is the responsibility of the parents or guardian of each applicant to determine his or her fitness to participate in athletics or outdoor programs.

By signing this Permission Form, I acknowledge that I have read and understand the above warning, I do not know of any medical condition which would prevent or limit the participation of the applicant in athletics or outdoor programs.

I, on my own behalf and on behalf of this applicant, hereby release the United States Government, the Society of American Military Engineers, and the SAME Engineering and Construction Camp Program, its employees, agents, and representatives, from any financial responsibility or liability arising from injury to this applicant in connection with his or her participation in the summer sessions, including injury resulting from negligence (other than gross negligence) of employees, agents or other representatives of the SAME Engineering and Construction Camp.



Signed Date: _____

Parent or Legal Guardian

Address

City, State, Zip Code

Note: Non-emergency medical care will be provided by off-site civilian medical providers and clinics, VelocityCare. Students needing emergency care will be treated in off-site emergency care facilities. If emergency care is necessary, Lewis Gale hospital is eight minutes from the campus. The charge for an Emergency Room will be the responsibility of the parent/legal guardian. The inpatient charge is based on the patient's diagnosis. Lewis Gale Hospital will handle sending the bill to an insurance company if the necessary information is provided. Neither Virginia Tech nor the Attorney-In-Fact will be responsible for any bills incurred in a civilian medical facility.