

Eastern Music Camp

Emergency Care Authorization

I, _____, parent/guardian of _____, do give permission to Eastern Music Camp (EMC) Staff to respond with emergency care in emergency situations, in accordance with their certification. Should an emergency situation arise that is beyond the scope of their training, authorization is given to EMC Staff to utilize Eastern Illinois University's on campus University Health Services, a local urgent care facility, or to contact Emergency Medical Services (EMS) as necessary.

(Parent/Guardian Signature)

(Date)