

**COMANCHE COUNTY MEMORIAL HOSPITAL  
CONSENT AND AUTHORIZATION FORM**

*Mail Back Quickly*

The undersigned \_\_\_\_\_  
(PLEASE PRINT NAME OF PARENT/GUARDIAN)

parents/guardian of the following minor child:

\_\_\_\_\_  
(PLEASE PRINT NAME OF CHILD)

do hereby consent, authorize and request the hospital, clinic, physician or surgeon to whom this consent is delivered, to render medical treatment to the above named minor child of the undersigned without any further consent or authorization. This consent is intended to include all medical treatment and services which may be necessary and required for the best interests of the child of these parties, as may be determined by the attending physician. It is further intended to cover those situations commonly defined as "emergencies" whether arising prior to such medical attention and treatment, or during the course of any such treatment and attention.

"Emergencies" as used herein, means those situations which may arise which, in the sole determination of the attending physician, may threaten imminent and immediate bodily harm.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

Home Address: \_\_\_\_\_  
City State Zip

Home Phone (area code) \_\_\_\_\_ Parent/Guardian work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Cell Phone #1 (area code) \_\_\_\_\_ Cell Phone #2 (area code) \_\_\_\_\_

**NEED NOTARY SEAL**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My commission expires: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address City State Zip Phone (area code)

**HEALTH INFORMATION CONCERNING STUDENT**

Taking daily medication? \_\_\_\_\_ Describe: \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_ If so, please list \_\_\_\_\_

List any medical problems \_\_\_\_\_

\_\_\_\_\_  
**Health Insurance Company**

\_\_\_\_\_  
**Group Insurance Number**

\_\_\_\_\_  
**Individual Insurance Number (If applicable)**

# **SPEECH-DEBATE-BROADCAST CAMP RULES**

**We take the supervision of our campers very serious.** It is important that campers understand our rules in advance. **The rules are for the protection of campers.** We want students to enjoy their stay on our campus.

## **General:**

1. Must be on time and attend all sessions!
2. Must wear name tag on your shoulder. Name must be visible. Do not cover name with stickers. It is your passport to eat in cafeteria, get on dorm elevators, to use Fitness Center, and attend evening activities. Report lost name tags to Niki Alderson, or Camp Office.
3. Students cannot leave campus without a staff member, sponsor or parent. If you leave campus, make sure your squad leader or supervisor is informed.
4. No drugs or alcoholic beverages will be tolerated. Students will be sent home!
5. If a student drives a car to camp, the car must stay parked in Shepler Center parking lot the entire week. Students cannot drive on or off campus during the week.
6. Smoking is not allowed for any camper below the age of 18. Individuals can smoke only outside buildings. No smoking allowed in dorm rooms.
7. The Camp Director must be notified of any visitors coming to visit a camper.
8. Students are responsible for any medical costs.
9. Students are responsible for their own medication. The camp will NOT provide any medication or across-the-counter drugs. Students must bring or purchase their medication.
10. Report lost items immediately to Niki Alderson.

## **Library:**

1. Campers can use the library and can photocopy materials at .10 cents per copy. We have no check-out overnight privileges. Do not try to take books out of the library. Alarms will go off.
2. No food or drink can be carried into the library.
3. No running; no loud talking; no hiding of library materials.
4. Please keep reference material on bottom floor of library.

## **Fine Arts Computer Lab (Music Building)/Burch Hall Computer Lab:**

1. Campers may use the labs for internet access and word processing.
2. No food or drink can be carried into the labs. Chewing gum is also prohibited.
3. No running, loud talking, or horseplay.
4. Print one copy of each resource.
5. Immediately report all problems to lab attendant.
6. No access to color printer.
7. Please practice speeches in the hallway.

## **Cafeteria:**

1. No running and do not cut in line. When finished eating, carry your tray and any trash to the conveyor belt.
2. Cafeteria serves "all you can eat," but please do not waste food.
3. Food cannot be carried out of cafeteria.
4. Please be courteous to the food service employees. They return the courtesy to our camp in many ways. SODEXHO's Food Service has the Cameron cafeteria contract. They serve good food and do a great job.

## **Dormitory:**

1. Must be on floor by 10:45 p.m. You may not leave the floor for any reason, after 10:45 p.m. You must be in your room by 11:00 p.m. There are ROOM CHECKS every night!
2. No boys on the girls' floor and no girls on the boys' floor.
3. There are phones in most rooms. Lost phones cost \$65.00. No prank calls tolerated.
4. Hang on to your key. There is a charge of \$20.00 for lost keys. When keys are lost the dorm installs new locks.
5. Don't leave money in your room. Keep rooms locked.
6. Pushing emergency button on elevator for fun will not be tolerated.
7. Sponsors and staff members will be occupying rooms on each floor (every 4 or 5 rooms). They are available if you need assistance.
8. No running anywhere in the dorm, especially in the lobby.
9. Be polite in dorm, especially in Main Desk area.
10. If you listen to music after 11:00 p.m., use headphones.
11. Camp floors of the dorm are monitored all night.
12. Campers cannot switch rooms after camp begins.

- 1) I have read the above CAMP RULES (another copy of the rules is also provided on page three of the Information Packet) and agree to abide by the rules; and
- 2) I understand that Cameron University and the Cameron University Speech Camp are not responsible for providing medical attention. All pharmaceuticals, medicines, hospital, medical bills, and any across-the-counter drugs are to be paid by me or my parent(s) or guardian(s). The Cameron University Speech Camp will assist me in obtaining any necessary medical care, and in the event of an emergency, will notify my parents/guardians and/or family doctor immediately. If religious beliefs are held by my family that would complicate normal procedures, I will notify the Workshop Director in writing on or before the first day of Speech Camp.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (**mandatory**)

\_\_\_\_\_  
Date

**Return immediately to: SPEECH CAMP, CAMERON UNIVERSITY, 2800 W. GORE, LAWTON, OK 73505**