



## Medical Consent Form

*Please complete and return this form even if you are registering online*

Student's Name \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby give permission to medical personnel selected by the camp to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the above-named student. This completed form may be photocopied for trips out of camp.**

**I hereby give permission for Mathcamp staff to administer over-the-counter medications to the above-named student if deemed necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.**

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### **Mathcamp's policy on medication:**

If a student needs to take medication while at camp (whether prescription or over-the-counter), the medicine will be stored securely in the camp office and administered by camp staff, according to the directions on the prescription or on the bottle. Exceptions will be made for medications to which the student must have urgent access at all times, such as epinephrine pens and asthma inhalers.

If you want your child to retain possession of a medication *other* than an epinephrine pen or asthma inhaler, please have the student's doctor complete the rest of this form. *We cannot leave the medication with the student without a doctor's signature.*

Please note that common over-the-counter medications such as Advil, Tylenol, Benadryl, Robitussin, etc. are available at the Mathcamp office 24 hours a day. Students should not bring any of these medications to camp.

*To be completed by the student's physician ONLY IF the student needs to retain possession of his/her medication:*

**I attest that it is medically desirable for the above-named student to retain possession of the following medication, instead of storing it with the Mathcamp staff:** \_\_\_\_\_

**The student is fully capable of administering the medication to him or herself as necessary.**

\_\_\_\_\_  
Doctor's name and phone number

\_\_\_\_\_  
Doctor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date