MATHCAMP

Medical Consent Form
Please complete and return this form with your registration.

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

I have accurately reported to the Mathcamp staff, as part of camp registration, the above-named student's medical history, immunization history, current medical conditions, allergies, and restrictions or limitations. The above-named student has permission to engage in all camp activities except as noted in the registration. I certify, to the best of my knowledge, that the above-named student does not have any contagious or communicable diseases or conditions. I am responsible for any changes or updates to medical conditions, medications, and restrictions added or removed between the dates of submitting this registration and the student's arrival at camp. I understand that Mathcamp is not responsible for illness due to previous injuries, poor health conditions, or illness incidental to attending camp.

If there should be an emergency while the above-named student is at camp, I authorize treatment by the Mathcamp staff. I authorize Mathcamp staff or medical staff of the camp to select and designate emergency medical personnel, nurses, physicians, and/or surgeons to furnish emergency medical services, should it be necessary, and to arrange transportation and admittance to a hospital in case of emergency. In the event of an emergency, I hereby give permission to the medical staff selected by Matchcamp to hospitalize, secure and administer proper treatment, and to order injection, anesthesia and/or surgery for the above-named student as named above. I agree to the release of any records necessary for insurance purposes.

I authorize Mathcamp to collect all medications at the start of camp for storage in the camp office other than epinephrine pens, asthma inhalers, and those medications explicitly listed in the Permission To Keep Medications form. I hereby give permission for Mathcamp staff to administer and to oversee the self-administration of over-the-counter medications and medications prescribed to the above-named student as appropriate. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

I agree that this completed form may be photocopied for trips out of camp. All parts of this consent form are effective from the first day of the program or the student's arrival, whichever is earlier, and terminate after the last day of the program or on the student's departure, whichever is later.

_____   _____ _____
Name of Parent/Guardian   Signature of Parent/Guardian   Date

_____   _____ _____
Name of Student   Signature of Student   Date