

Consent to Treatment

Linden Hall Summer Camp

Parent or Guardian to complete

Please print camper name

Date of Birth

Please print parent/guardian name

Relationship to camper

Telephone Number

Emergency contact

Relationship to camper

Telephone Number

Camper's Physician Name

Telephone Number of Physician

I authorize Linden Hall staff to administer medications, to hospitalize, and/or secure treatment for my child in the case of medical, surgical, dental, or other emergency illness, injury, or other condition.

The physician, or consultant from whom treatment is secured reserves the right to perform diagnostic laboratory or other tests including radiological exams, and to prescribe treatment and medication according to his/her best judgement and discretion.

I understand that communication from the school will be to the primary custodial parent unless otherwise requested. I understand that all Health Center charges will be charged to my child's account. If medications or supplies are ordered from the local pharmacy, charges will be submitted to my insurance company or credit card by the pharmacy. I understand that I am responsible for all claims and matters related to my insurance company. I understand I will be responsible for all incurred costs of health care regardless of surrounding circumstances or my insurance coverage.

I release Linden Hall from any liability arising from any situation related to the existence of a medical or other condition that was not disclosed to the school.

Electronic Signature: *

Please type your First and Last Name

Date

Signature of Parent or Legal Guardian

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Medical History	
Please check any that apply and describe in space provided	
<input type="checkbox"/> Heart/Lung Condition	
<input type="checkbox"/> Muscle/Bone Condition or history of fracture	
<input type="checkbox"/> Digestive Condition	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Allergies to food/environmental/medications	
<input type="checkbox"/> History of concussion	
<input type="checkbox"/> Migraines/Headaches	
<input type="checkbox"/> Past surgery	
<input type="checkbox"/> Eye, ear, nose or throat	
<input type="checkbox"/> Current medication Please list medication information on sheet provided	

Medications

Linden Hall Summer Camp

Parent or guardian signature required

Please print camper name

Date of Birth

Please print parent name

Telephone Number

Medication 1: _____ Take with food? Yes No

Dosage: _____ Route: _____ Time to be taken: _____

Medication 2: _____ Take with food? Yes No

Dosage: _____ Route: _____ Time to be taken: _____

Medication 3: _____ Take with food? Yes No

Dosage: _____ Route: _____ Time to be taken: _____

I give permission for Linden Hall Summer Camp staff to administer the above medication(s) to my child. Should a change in the above information occur, I understand that a new authorization be submitted.

Campers are NOT permitted to keep medication of any kind in their dorm room. All prescription and over-the-counter medication must be turned in upon arrival.

Staff will keep medications in a locked area.

Prescribing physician name

Telephone number of physician

Electronic Signature: *

Please type your First and Last Name
Signature of Parent or Legal Guardian

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Permission for Over-the-Counter Medications

Linden Hall Summer Camp

Parent or guardian must complete

Please print camper name

Date of Birth

Please print parent/guardian name

Relationship to camper

Telephone Number

While at camp, it may be necessary for Linden Hall Summer Camp staff to administer over-the-counter medication for symptom relief. Linden Hall Summer Camp staff will have a small supply of the following medications on hand to provide to your child if necessary.

Campers may not keep medication of any kind in their dorm room. All prescription and over-the-counter medication must be turned in upon arrival.

All over-the-counter medication will be administered to your child based on the manufacturer's dosage guidelines.

Please indicate which medications your child may have by answering Yes or No.

Please indicate "Yes" or "No"

YES or NO	Acetaminophen
YES or NO	Antacid (TUMS)
YES or NO	Antihistamine (Generic Benadryl)
YES or NO	Generic Zyrtec
YES or NO	Eye drops
YES or NO	Hydrocortisone Cream
YES or NO	Antibiotic ointment (Generic Neosporin)
YES or NO	Ibuprofen

Electronic Signature: *

Please type your First and Last Name
Signature of Parent or Legal Guardian

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.