Medical Authorization Form

Part 1: Camper Information: To be completed by parent/guardian

*Name of Camp & Dates Attending:_____
Camper Name: _____ Birth Date: _____ Age: _____
Address: _____
Gender (circle one): M F _____
Father/Guardian: _____ Mother/Guardian: _____
Daytime Phone: _____ Daytime Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Part 2: Emergency Contact Information:

Name: _____ Relationship to camper: _____
Phone: _____

Part 3: Insurance Information: Campers should be covered by their family's medical insurance policy. Union College does not provide medical insurance of any kind. Local providers may require that you pay them directly at the time of service and then file for reimbursement with your insurance company. If you do not have insurance, write "none".
Medical Insurance Provider: _____
Policy # / Group #: _____
Address of Insurance Provider: _____
_____
Name of Policy Holder: _____
ID #: _____ Prescription Card #: _____
Employer of Policy Holder: _____

Part 4: Medication Information: Any medication brought to camp must be accompanied by a written order from the camper's primary care provider (form included on page 3). Medication includes: medicines prescribed by a health care provider; all over-the-counter medications such as Advil, Tylenol, allergy meds; vitamins; and herbal supplements. Medication must also be sent in their original containers and labeled with the camper's name. All medications (including over-the-counter medications) must be given to the camp director upon arrival to camp and will be dispensed by a designated Union College Health Services staff or trainer. Campers may not keep medications with him or her (with the exception of inhalers, epi-pens, and insulin).

Please check one:

[ ] My child will be bringing medications to camp. List medications:

_____

[ ] My child will not be bringing medications of any kind to camp.

Part 5: Medical History: Please check all that apply to your child and give necessary details below. Migraines/headaches Diabetes ADD or ADHD Hearing/vision impairment Gastrointestinal disorders Depression/anxiety Asthma Urinary tract infections Eating disorder Bronchitis/pneumonia Enuresis Learning disability Ear/sinus infections High blood pressure Eczema/skin disorder Hear defect/disease Neurological disorder Hemophilia/blood disorder Seizures/fainting Other, explain:

_____

_____

Allergies to food, medications, insect bites, etc. List:

_____

_____

Does your child carry an epi-pen for allergies? Under the care of a psychologist, psychiatrist, or counselor?

_____

Part 6: Consent for Medical Treatment: This is to authorize the medical personnel of the camp, and/or off-campus medical facilities to provide necessary medical care to your child. It must be signed by a parent or legal guardian. Your child will not be able to participate in the camp and will be sent home if the consent for medical treatment is not signed per the NYSDOH. In the event of an emergency, I consent for medical personnel of Union College or the camp site or physicians of the nearest or most appropriate hospital to perform any necessary emergency treatment, including surgery, injection, or other procedures requiring the use of a local or general anesthetic. This authorization shall be in effect while my child is a student at the camp. I understand that I am fully responsible for all medical costs incurred by my child.

Signature of parent/guardian_____ Date_____

Part 7: Immunization Record: Please attach a copy of your child's immunization record with this form. It should provide proof of immunization against all of the following: diphtheria, haemophiles influenza type B (hib), hepatitis B, measles, mumps, rubella, poliomyelitis, tetanus, and varicella (chicken pox), and meningococcal vaccine. Your child will not be able to participate in the camp and will be sent home if the immunization record is not attached per the NYSDOH.

SUMMER CAMP MEDICATION ORDER & PHYSICIAN PERMISSION FORM SUBMIT *ONLY* IF SENDING MEDICATION WITH CAMPER

Name of Camper: _____

Name of Sport Camp attending:_____

Camp Dates:_____ Medication: _____
Dosage:_____

Directions: _____
Reason for taking medication: _____

Is camper self-directed? Yes No Signature of Physician: _____
Date: _____

Address of Physician: _____
_____

Phone # of Physician: _____

I hereby give my permission for my son/daughter, _____, who is attending _____ camp at Union College, to take the above medication as ordered.

Name of Parent/Guardian (printed):_____

Signature of parent/guardian: _____

Date: _____

No medication (prescription or over-the-counter) will be given at camp until the camp health director receives this completed form or equivalent with the medication in its original container. All prescription medication must be appropriately labeled by the pharmacy and all over-the-counter medication must be in its original, un-opened container. All medicine will be kept with the camp health director or designee