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 Physi	Telephone Number of Physician		
I understand that communication from the school will be that all Health Center charges will be charged to my child charges will be submitted to my insurance company or crand matters related to my insurance company. I understasurrounding circumstances or my insurance coverage. I release Linden Hall from any liability arising from any sit disclosed to the school.	I's account. If medications or supplies are ord redit card by the pharmacy. I understand tha and I will be responsible for all incurred costs	dered from the local pharmacy, t I am responsible for all claims s of health care regardless of		
Parent/Guardian signature	 Date			
Medical History Please list and describe any medical conditions we shone or digestive condition; asthma; allergies; condition				

Medications

Linden Hall Summer Camp

Parent or guardian signature required

Please print camper name		Date of Bir	th	
Please print parent name		Telephone	Number	
Medication 1:			Take with food? \	Y N
Dosage: F	Route:	Time to be	e taken:	
Medication 2:			Take with food? \	γ N
Dosage: F	Route:	Time to be	e taken:	
Medication 3:			Take with food? \	Y N
Dosage: F	Route:	Time to be	e taken:	
I give permission for Linden Hall Sin the above information occur, I	understand that a new aut	horization mus	t be submitted.	· ·
Campers are NOT permitted to ke medication must be turned in up		in their dorm r	oom. All prescript	ion and over-the-counter
Staff will keep medications in a lo	cked area.			
Parent or guardian signature	Dat	e	_	
Prescribing physician name		 Telephone	number of physic	 cian

Permission for Over-the-Counter Medications

Linden Hall Summer Camp

Parent or guardian signature

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 Sume symptom relief. Linden Hall Summer Camp staff will hav provide to your child if necessary.		
Campers may not keep medication of any kind in their d must be turned in upon arrival.	lorm room. All prescription and over-	the-counter medication
All over-the-counter medication will be administered to	your child based on the manufacture	er's dosage guidelines.
We provide the following over-the-medications: Acetan Benadryl, Generic Zyrtec, or Generic Claratin), Eye Drop Neosporin), Ibuprofen (Advil).		
Please list OTC medications your child may not take bel	ow.	