

Medications taken on a routine basis (include name, dosage, time of day med is taken):

Other health information the camp should be aware of:

TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I **DO** hereby give my consent for: 1) EMS transportation of my child to any reasonably accessible hospital: 2) the administration of emergency treatment deemed necessary by licensed emergency physicians or licensed emergency medical first responders.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Current Date _____ Parent or Guardian Signature _____

CAMPERS ARE EXPECTED TO PROVIDE THEIR OWN MEDICAL INSURANCE. Denison University does not assume direct responsibility for health care of those who are using the facilities of the university for summer programs. A registered camp nurse is on call 24 hours a day. In the event of injury or illness, campers will be transported to Licking Memorial Urgent care in Granville, Ohio and emergency care treatment to Licking Memorial Health System, Newark, Ohio.

Student is covered by _____ Identification number _____

(Date)

(Parent or Guardian Signature)



Where Girls Succeed

MAIL FORM BY JUNE 20 TO: Jessica Kuhner
688 Brevard Circle
Pickerington, OH 43147