

PROGRAM _____

Dates Attending _____

MICHIGAN STATE UNIVERSITY

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

Kellogg Bird Sanctuary Summer Day Camp

(Address of MSU Department Sponsoring Program)

East Lansing, MI 48824

Your son/daughter will be involved in a Michigan State University program on the above date(s). We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Child's Name _____ Date of Birth _____
Address _____ Phone () _____

Name of Primary Care Physician _____ Phone () _____
Address: _____

INFORMATION NEEDED ABOUT CHILD	YES	NO	IF YES - INDICATE OR LIST BELOW
IS there any chronic problem or illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
IS there any acute illness now present?	<input type="checkbox"/>	<input type="checkbox"/>	_____
HAS the child been treated recently for some medical problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ARE there any allergies to medication or local anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIST all medications now being taken for treatment of any medical problem.			_____

DATE of most recent Tetanus Shot _____
CHILD'S Social Security Number _____

HEALTH INSURANCE INFORMATION

Policy Holder's Name _____ Relationship to Patient _____

Policy Holder's Address _____

Subscriber's Social Security Number _____

Name and Address of Insurance Company _____

List ALL Policy Numbers (please identify) _____

If you have HMO insurance - list the emergency treatment authorization phone number () _____

Name and Address of Employer _____

I, _____, as parent/legal guardian of, _____

do hereby authorize _____ to seek any medical and/or surgical treatment necessary

(PROGRAM DIRECTOR'S NAME)

for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ Relationship to Child _____

Daytime/Work EMERGENCY PHONE NUMBER () _____

Home Address _____

Medication

All medication should be given at home when possible. If medication must be given during camp, we will follow the medication procedure recommended by the Health Department, as outlined below:

1. A form, signed by the doctor, must be on file containing the doctor's instructions, including duration of time to be administered, and the parent's signed permission.
2. Medication must be in its original container, identified with the camper's name, pharmacy Rx number, name of medication, dosage, and time to be administered (i.e., physician's instructions).
3. Medication must be brought by an adult. Any medication left over must be picked up at camp by an adult or it will be discarded.
4. Aspirin, cough syrup, anti-histamines, etc. brought in by a parent for a child also require the same above procedure, i.e., a doctor's signature with instructions.

Place original containers into a zip-lock bag labeled with your camper's name. Please provide complete, written directions on dosage and frequency.

We realize the above procedure may not always be the most convenient for parents. However, for your child's safety, recommendations from the Health Department for dispensing medications must be followed.

Pick-up Authorization

Please list all individuals (including parents) who have your permission to pick up your camper:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Photograph Authorization

I authorize Michigan State University (MSU) to record my image (or that of my minor child) and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connections therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

Signature: _____ Date: _____