

CONSENT TO TREAT FORM



OFFICE USE ONLY Wk. 1 2 3 4 5 Cabin # _____
--

Camper's full name: _____ Date of Birth: _____

Medication/Medical Consent for Minor from Guardian/Parent

I, _____, Guardian/Parent of _____ (minor child) hereby authorize representatives of Fair Haven Camps to provide any necessary medication to my child or obtain medical treatment (x-rays, routine tests) for my child in my absence. I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I, individually, and also as Guardian/Parent, do hereby release and agree to indemnify Fair Haven Camps and any of its representatives from all claims, demands, damages, actions, or causes of action arising therefrom. I understand that Fair Haven Camps will notify parents, when possible, prior to obtaining medical treatment or as soon after treatment has been obtained as possible.

The health history and immunizations is correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which may include but are not limited to water sports, hiking, horseback riding, ropes course, riflery, and archery except as noted by me and/or their examining physician and has permission to leave the camp grounds for camp-related outings and purposes. I realize that Fair Haven Camps may use my child's picture in future promotion.

I understand that all medicines (inhalers, pills, creams, epipens, etc), vitamins, etc must be given to the camp nurse upon arrival to camp and that they must be in the original containers. No medication may be given without the medication form filled out correctly and completely. Illegal drugs, weapons, cigarettes, alcohol, cell phones, music players of any kind (MP3, iPod, CD, etc) and similar items are not permitted at camp. Fair Haven Camps reserves the right to search for and remove such items from anyone possessing them. All campers will have a head check for lice prior to admittance to camp. If any evidence of lice (the louse or nits/eggs) is found the camper will not be able to attend camp until it is properly treated and removed. If evidence of lice is found during the week the camper must be picked up and return home to have it treated.

The State of Maine has a law that affects all campers who are medically required to carry at all times and to self-administer emergency medication while at camp. These are campers who have been diagnosed to be at risk for potential medical crisis such as asthmatic attacks or allergic reactions. These medications include, but are not limited to, **an asthma inhaler or an epinephrine (epi) pen**. The law establishes procedures that camps must follow to permit campers to carry and self-administer emergency medications. To comply with this Law, all Maine camps are required to have a written policy providing that campers may carry and self-administer emergency medications provided the following conditions are met: Any camper who needs to carry and self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian; the camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider and the camper's parent or guardian confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication at camp; the camp health staff must evaluate the camper's technique when they arrive at camp to ensure proper and effective use of emergency medication at camp. If you want your camper to be able to carry and self-administer, you and your camper's primary health care provider **must provide written approval**. All forms should be submitted 15 days before the arrival date of your child's week of camp.

With your signature you are asserting that you have read all of the information above and agree to the conditions described. Campers will not be allowed to attend Fair Haven Camps if it is not signed.

Date

Signature of Parent/Guardian