

Medical Consent Form for Catalyst Conference

(REQUIRED FOR EACH STUDENT)

September 1-2, 2017 Morrison Academy - Taichung



Name _____ School: _____ Country: _____

Birthdate: ____/____/____ Sex: Male Female National Health Insurance#: _____

Parent/Guardian : _____ Cell Phone: _____

Home Address: _____

If not available in an emergency, notify: Name: _____ Phone: _____

Any Life threatening Allergies: Yes, NO, IF YES, please explain: _____

My Child is presently taking the following medication (please list medication and reason):

Are there physical or medical conditions we should know about? If so, specify.

AUTHORIZATION FOR TREATMENT

I _____, the natural parent/ legal guardian having legal custody of _____, give my permission to a licensed nurse, physician, or emergency treatment center selected by the conference directors to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured/sick during the dates of **SEPT 1-2, 2017**, and to do so without having to wait until I am contacted. I consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care.

EMERGENCY CONTACT INFORMATION I understand the conference directors will endeavor to reach me should the nature of the injury or illness warrant it. However, we will not hold any of the personnel responsible if efforts to contact me are unsuccessful. During the conference we expect to be at the following address and phone number:

Name of Mother or Father (guardian): _____ ←SIGN

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS

In the event your child experiences minor discomforts during conference, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by C3 conference camp nurse with your authorization. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. I consent to the administration of the below indicated over-the-counter medications which will be available, at no charge, for all students. Please make available the following medications to my child (check all that apply). If they are NOT checked they WILL NOT be given to the camper.

___ Acetaminophen (generic for Tylenol) ; ___ Ibuprofen (generic for Advil & Motrin); ___ Loratadine (generic for Claritum) ___ Diphenhydramine (generic for Benadryl); ___ Antibiotic Cream (for minor injury) ; ___ Calamine Lotion (for itching)

___ I do not want over-the-counter medications given to my child.

Name of Mother or Father (guardian): _____ ←SIGN