

## Emergency Medical Consent Form

Conference participants are eligible to utilize the NAU Campus Health Center. The health center is an outpatient facility staffed by full-time physicians and nurse practitioners. The health center has lab and x-ray services available, as well as a pharmacy; however, these services may be dependent on your insurance plan. Summer hours are 7:30 am-4:30 pm., Monday through Friday. For weekend coverage the conference uses Concentra Urgent Care. All emergencies will be taken to the Flagstaff Medical Center.

If care is needed at the NAU Campus Health Center, a health information form will be filled out at the center by those persons 18 years and older prior to their being seen by a practitioner. A medical consent form (see below) must be filled out by the parent or guardian of those individuals 17 years of age and younger. This form gives important information regarding your minor child that the doctor may need prior to providing any treatment or medications. The health center is not authorized by the Arizona Board of Regents to treat dependents of conference participants; hence, only those persons registered for NAU conference participation will be treated for acute problems or exacerbation of chronic problems that arise while attending their conference. Note: NAU Campus Health Center does not process insurance claims; payment is due at the time of service.

**Campers 17 years of age and younger may not attend without this form, COMPLETED IN ENTIRETY.  
Please print clearly.**

*I give consent to NAU Campus Health Center, the Flagstaff Medical Center, Concentra Urgent Care, and any physicians to whom medical staff may refer my son/daughter for the purpose of carrying out whatever medical treatment or minor surgery they may deem necessary for the health and/or welfare of my child during the time the conference is on campus. It is also understood that no major surgery will be performed without my further specific consent, except in the case of extreme urgency, when the delay in obtaining such consent would constitute a serious risk of life to my son/daughter. In such case, life-sustaining support would be given.*

Name of Camp: Curry Summer Music Camp at NAU      Session(s) Attending:  Junior  Senior  
Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Medical Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Birth Date of Insured: \_\_\_\_\_  
**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact Name(s): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Camper's Allergies: \_\_\_\_\_  
Chronic Health/Psychiatric Conditions: \_\_\_\_\_

**Medications provided will be administered only if they are prepared and sent with regard to the following directions:**

1. The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date (expiration date), name of medicine, dose, time(s) to be given, prescriber's name, pharmacy name and phone number – please only send the amount necessary to be administered during camp.
2. Samples MUST be accompanied by a doctor's written prescription with instructions.
3. Medications are to be given only to the child indicated on the label (twins/siblings may not share prescription medications).
4. Administering staff will not deviate from instruction on prescription label. If there are any changes such as only taking as needed instead of as scheduled, or taking 2x or ½ of the dose, this must be accompanied by a doctor's written prescription with instructions.

**Camper Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Dates for medication administration: Sunday,    /    /    to Saturday,    /    /   

**Medication/Dose/Route\*/Time(s) to be given:** Please list all medications that you are providing for your child.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

*\*Route (by mouth, on skin, in eye, via nasal, inhaled) Times (am, pm, 3 or 4 times per day, as needed-PRN)*

**Non-Prescription Medications:** Please initial one of the following options:

\_\_\_\_\_ I give Curry Summer Music Camp Nurse or Senior Staff permission to administer non-prescription medications to my child as needed.

\_\_\_\_\_ I DO NOT allow Curry Summer Music Camp Nurse or Senior Staff to give my child non-prescription medications.

Various non-prescription medications may be administered by the Nurse including Acetaminophen, Ibuprofen, antacids, bismuth subsalicylate, antihistamines, decongestants, antibiotic ointment, and hydrocortisone cream. These medications would be given only in the best interest of the camper.

Medications will be administered by the Nurse. However, if the Nurse is unavailable, this duty will be performed by a senior staff member: Director of Resident Life, Assistant Director of Resident Life, Head Counselors, Camp Director, Director of Academics, and Assistant Director of Academics, or Program Coordinator. Neither Curry Summer Music Camp nor any of its staff are responsible for side effects or difficulties encountered from taking any such authorized medications.

I authorize any Senior Staff to transport my son/daughter to/from any treatments, classes, and/or activities via automobile should it be medically necessary during their stay at Camp. I authorize any medications to be given per doctor order that are prescribed during camp stay.

**Parent/Guardian Signature:** \_\_\_\_\_

Printed Name of parent, if different from emergency contact or insurer name: \_\_\_\_\_

Please include any other information that may be pertinent for the well being of your son/daughter during their stay at the NAU Curry Summer Music Camp.

**Both pages must be completed in their entirety.**

**Anything that does not apply to your child please write none or N/A so that all blanks are addressed.**

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