



Medical Consent Form for Student Signature

Please complete and return this form with your registration.

Student's Name Ruiyan Huang Date of Birth (MM/DD/YY): 02/15/03

I have accurately reported to the Mathcamp staff, as part of camp registration, my medical history, immunization history, current medical conditions, allergies, and restrictions or limitations. I have permission to engage in all camp activities except as noted in the registration. I certify, to the best of my knowledge, that I do not have any contagious or communicable diseases or conditions. I am responsible for any changes or updates to medical conditions, medications, and restrictions added or removed between the dates of submitting this registration and my arrival at camp. I understand that Mathcamp is not responsible for illness due to previous injuries, poor health conditions, or illness incidental to attending camp.

If there should be an emergency while I am at camp, I authorize treatment by the Mathcamp staff. I authorize Mathcamp staff or medical staff of the camp to select and designate emergency medical personnel, nurses, physicians, and/or surgeons to furnish emergency medical services, should it be necessary, and to arrange transportation and admittance to a hospital in case of emergency. In the event of an emergency, I hereby give permission to the medical staff selected by Matchcamp to hospitalize, secure and administer proper treatment, and to order injection, anesthesia and/or surgery for me. I agree to the release of any records necessary for insurance purposes.

I authorize Mathcamp to collect all medications at the start of camp for storage in the camp office other than epinephrine pens, asthma inhalers, and those medications explicitly listed in the Permission To Keep Medications form. I hereby give permission for Mathcamp staff to administer and to oversee the self-administration of over-the-counter medications and medications prescribed to me as appropriate. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

I agree that this completed form may be photocopied for trips out of camp. All parts of this consent form are effective from the first day of the program or my arrival, whichever is earlier, and terminate after the last day of the program or on my departure, whichever is later.

Ruiyan Huang
Name of Student

Ruiyan Huang
Signature of Student

04/29/2019
Date

TITLE	Medical Consent Form for Student
FILE NAME	Medical Consent Form for Student
DOCUMENT ID	ecf58c5ed91fbd258c2bf24fee9d3118eb65cee
STATUS	● Completed

Document History



04/28/2019
09:00:32 UTC-8

Viewed by - (maggie.huangruiyan@gmail.com)
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04/28/2019
09:08:06 UTC-8

Signed by - (maggie.huangruiyan@gmail.com)
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04/28/2019
09:08:06 UTC-8

The document has been completed.