



ORIENTATION AND
TRANSITION PROGRAMS



Orientation Permission to Treat Form

Name of Student: Student ID: DOB:

Emergency Contact Name: Relationship:

Primary Phone Number: Secondary Phone Number:

Known Allergies:

Relevant Health Conditions:

Current Medications (including all prescriptions and over the counter medications):

Excluded Activities/Restrictions:

Permission to Treat:

The person herein named is medically cleared and has permission to engage in all prescribed activities unless otherwise noted. I hereby give permission to the medical personnel selected by the University administrator, to order medically necessary tests, treatment, and transportation for me/ or my student. In an emergency, if the emergency contact named above cannot be reached, I hereby give permission to the physician selected by the camp director to administer treatment, including hospitalization deemed medically required, for me/ or my student.

Student Name

Student Signature

Parent/Guardian Name (if under 18)

Parent/Guardian Signature