



**STUDENT AUTHORIZATION FOR  
EMERGENCY MEDICAL TREATMENT**

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medication or other known allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of Camp Moy Mo Da Yo.

I authorize Town of Limington employees to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed life saving and medically necessary by the treating physician. This provision will only be invoked if the person (s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Parent or Legal Guardian

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or being on the property of Camp Moy Mo Da Yo.

In the event emergency treatment/aid is required; I wish the following procedure to take place:

I have advanced directives and a copy of this is with: \_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Parent or Legal Guardian

## **Camp Moy Mo Da Yo Privacy Notice & Consent Form**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO EXPLAINS HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We understand that privacy is a very important matter. Our work requires us to gather your personal health information (PHI) in order to provide services. We create a record of the services that you receive and you can trust us to keep your records confidential and secure.

**Collecting Information:** We restrict access to your PHI only to employees who need the information to provide you with the services. We maintain physical, electronic and procedural safeguards to comply with all laws and regulations to protect the privacy of your PHI.

**Information Disclosure:** We use and disclose your PHI so that our staff can provide you with services and/or **Treatment**, to obtain **Payment** and to perform service delivery **Operations** (TPO). We review your PHI so that we can determine your program eligibility and sources of funding. The PHI that is disclosed may include: your name, address, social security number, phone number, diagnosis and disability, the name of your program funding source, and our documentation of your services.

**Information Use:** We do not sell your PHI to outside mailing lists or telemarketing companies. We will add your name to Camp Moy Mo Da Yo's mailing list in order to provide you with updated program information. We will contact you to schedule appointments or discuss service via the telephone, email or postal mail. You can specify the way you want us to communicate if it is necessary to protect your interests. Any other use or disclosure of your information (for Non-TPO purposes as described above) will require your written authorization. If you end your services with us, we will continue to restrict use of your PHI.

**Your Rights:** You have the right to restrict our use of your PHI, to review and copy our documentation of your services, to request changes to your information, to find out who we have disclosed your information to, and to file a complaint about our Privacy Practices. If you file a complaint, we will take no action against you or change your services in any way. To file a written complaint contact the Town Clerk at 207-637-2171 or via email to info@Limington.net. We reserve the right to amend this notice at any time.

### **FOR THE USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHI) FORM TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS**

I hereby consent to the use and disclosure of my personal health information (PHI) by Camp Moy Mo Da Yo in order to carry out services/treatment, payment or health care operations. I have reviewed Camp Moy Mo Da Yo's Privacy Notice and have a copy of that notice.

I have the right to request that the use and disclosure of my PHI be limited for services/treatment, payment and operations. I can revoke this Consent at any time by written request. I understand that Camp Moy Mo Da Yo may refuse to provide me with services if I do not sign this Consent.

Camper Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Camper Signature \_\_\_\_\_

Personal Representative/Guardian Signature \_\_\_\_\_

Mailing: Town of Limington, Camp MMDY, PO BOX 240, Limington, Maine 04049. Physical address: 425 Sokokis Ave., Limington.  
Phone: 207 637 2171, FAX: 207 637 3293.