

MEDICAL REPORT AND PERMISSION

Student Name _____ Date of Birth _____

Allergies: _____

Medical conditions: _____

Special Dietary Requirements: _____

Medications- List the medications your child will need while at camp. These medications must be provided by you. Each medication must have a Request for Administration of Medication form completed and returned (on the next page). All medicine, including over the counter medications, must have a doctor's order (or pharmacy label) and be in a container labeled with your child's name, medicine, amount and time to be given. Send only the amount that will be needed for the time at camp.

Medications Needed While At Camp: _____

Emergency Phone Numbers:

Mother's Name _____

Daytime Phone # _____ Nighttime Phone # _____

Father's Name _____

Daytime Phone # _____ Nighttime Phone # _____

Alternate Person to Contact if Parents not available:

Name _____ Phone # _____

My child is insured by : (Insurance Company Name and Phone #) _____

Policy number or social security number of insured: _____

IMPORTANT: This section must be completed for attendance:

Authorization for treatment; I hereby give permission to the medical personnel selected by the camp or school to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school or camp to secure and administer treatment, including hospitalization for my child as named above.

Signed (Parent/Guardian) _____ Date _____

I hereby give permission for my child to engage in all prescribed camp activities except as noted:

Signed _____ Date _____