

EMERGENCY MEDICAL AND TREATMENT DATA

WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF EMERGENCY WITHOUT YOUR PERMISSION!

Name of Camper: _____

I give the Camp Staff permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of emergency, my child will be taken to a local hospital or urgent care and that the nurse will immediately attempt to contact the parents/guardian.

Parent/Guardian Name: _____

Signature: _____ Date: _____

My child may be given the following over the counter medications by camp staff if deemed necessary:
Child's weight (for weight based dosing): _____

Medication	Circle Yes or No	Dosage or Comments
Tylenol (acetaminophen) 325 mg	YES NO	
Motrin (ibuprofen) 100 mg or 200 mg	YES NO	
Cough drops	YES NO	
Tums (for upset stomach)	YES NO	
Eye drops (saline)	YES NO	
Anti-bacterial ointment (for minor cuts/scrapes)	YES NO	
Benadryl (oral for minor allergic-type reactions)	YES NO	
Benadryl cream (for skin rashes)	YES NO	
Hydrocortisone cream (for skin irritations)	YES NO	
Imodium (for diarrhea)	YES NO	

Parent/Guardian signature: _____ Date: _____

Emergency Contact Number: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ALLERGIES:

Please list any special medical conditions that we should be made aware of, such as developmental disabilities, injuries or anything else you think might be of concern.

Camper's routine medications:

Medication	Dose	Time	Reason Taken

Other pertinent information:

Parent/Guardian Signature: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM