

Medication

- This child will not take any daily medications while attending camp.
- This child will take medications while at camp. If checked, **parents must complete the Permission for Prescription Medication form.**

The following non-prescription medication can be given on an as-needed basis.

Please check all that apply.

- Acetaminophen Ibuprofen Antacid Cough Drops Benadryl

All other medications not listed above will need a doctor's note to be administered during camp.

Authorization for Participation/Health Care at The Elisabeth Morrow School

- I have reviewed the program and activities for the summer camp and feel that the child can participate without restrictions.
- I have reviewed the program and activities for the summer camp and feel that the child can participate with the following restrictions or adaptations. Please describe. _____

- All immunizations are current and up to date with school guidelines and/or religious/medical exemption forms are included with the Health History form.

This health form is correct and accurately reflects the health status of the child to whom it pertains. The person described has permission to participate in all program activities, except as noted above. I give permission to the health care provider at summer camp to provide treatment for both routine health care and emergency situations. If I cannot be reached in an emergency, I give my permission to the health care provider at summer camp to secure proper treatment for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff.

Child's Name _____

Name of Custodial Parent/Guardian _____

Signature of Custodial Parent/Guardian _____

Relationship to camper: _____

Date: _____