

Youth Choir Camp Health/Medical Treatment Release Form

Child's Name _____ Church _____

Date of Birth _____

Parent/Guardian _____

Address _____

Daytime and Evening Phone _____

Alternate emergency contact person _____

Phone _____ Relationship to Camper _____

Physician _____ Phone _____

Date of last physical _____ Date of last tetanus _____

Current Health: Please list any current health problems (allergies, chronic conditions such as asthma, diabetes, seizure disorder)

Medications: Please list any prescriptions or over the counter medications your child will use while at camp.

Name of Medicine	Dose	Frequency
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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ANY MEDICATIONS SENT WITH YOUR CHILD MUST BE IN THE ORIGINAL CONTAINER WITH DIRECTIONS CLEARLY MARKED

CONSENT – I give permission for the nurse to administer the above medications to my child while s/he is at camp. I give permission for the nurse to administer Tylenol yes ___ no ___ and/or Tums yes___ no ___ as needed.

Signature

CONSENT – I give permission for any emergency treatment my child needs while at the Choir Retreat at Camp Cory, August 23-26, 2010. I understand that I will be notified in the event of serious illness or injury as soon as possible.

Signature

Health Insurance _____ Policy # _____

Subscriber _____

Please make a copy of your insurance card on the back of this form.

