

Camp Hallawasa Medical Release Form

**Bold is required information

Camper's Last Name

Camper's First Name

Date of Birth _____ **Grade Entering** _____

Male ____ **Female** ____

Guardian #1 Name _____

Relationship _____

Best Phone _____

Guardian #2 Name _____

Relationship _____

Best Phone _____

Camper's Medical Information

Format: Allergy, Reaction, Treatment.

Example: Tree nuts, rash or hives, Benadryl Cream (include specific medication instructions).

Camper's Medical Conditions

Format: Condition, Symptom(s), Treatment (if any).

Example: Asthma, wheezing-short breath, inhaler (include specific medication instructions).

***** NEW Medication Guidelines *****

All medications must be in their original container with the prescription label and/or medication label clearly visible.

Camper's Medications

Please list any medications your child will take while at camp.

Format: Medication, Dose (amount), Frequency (when taken).

Example: Medicated eye drops, one drop each eye, twice daily.

Note: ALL medications must be in their original container with the prescription label and/or medication label clearly visible.

*****Don't Skip This Section*****

If my child has any of the following conditions, I authorize the camp nurse to give the following medications as needed.

Please select medication(s) allowed:

- Ibuprofen, 200 mg, for pain, inflammation, fever.
- Tylenol, 325 mg, for pain or fever.
- Benadryl cream, for itching or rash.
- Benadryl liquid (may be interchanged with other over-the-counter antihistamines), mild allergic reactions.
- Pepto -Bismol, for nausea or upset stomach.
- Cough Drops, for sore throat.

I hereby give permission to the nurse, director or manager of camp to authorize any emergency treatment for my child deemed necessary. I understand an effort will be made to contact me with regard to any major illness or accident.

Signature of Guardian: _____

Printed Name: _____

Date of signature: _____