

PERTINENT MEDICAL INFORMATION AND CONSENT TO TREAT PARTICIPANT

Participant Name: _____ Date of Birth: _____

Preferred Emergency Contact Phone Number: _____ Camp(s): _____

Has Participant ever been diagnosed with Sickle Cell trait? YES NO Date of last Tetanus Booster: _____

Please list any chronic medical conditions (Asthma, Diabetes, etc.) or other pertinent medical or psychological history of Participant: _____

Allergies: _____

PERMISSION TO DISPENSE MEDICATIONS

PARTICIPANTS AGE 18 OR OLDER (“ADULTS”): Unless a special arrangement is made with Camp personnel, all adults are personally responsible for administering and maintaining possession of their own medications.

PARTICIPANTS UNDER AGE 18 (“MINORS”): Camp personnel will not dispense any prescription (antibiotics, Insulin, inhalers, etc.) or non-prescription (Advil, Tylenol, etc.) medications to Minor Participants unless consent has been given by a parent or guardian. The parent/guardian must give the medication directly to the Camp Director or designated staff member in individual dosage containers or original manufacturer’s/original prescription containers on the first day of Camp.

The Minor’s Currently Prescribed Medications:

Medication Name	Dosage	Dispense Time	Special Storage or Other Instructions
_____	_____	_____	_____
_____	_____	_____	_____

The Minor’s Non-Prescribed Medication: Where Camp personnel administer non-prescription medications, the recommended dosage will be adhered to according to the instructions on the container or if not found there, based on manufacturer’s instructions.

Ibuprofen (Advil) YES NO Other non-prescription medications which may be administered:
Acetaminophen (Tylenol) YES NO _____
Allergies (Benadryl) YES NO

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of Participant due to illness, accident or emergency while participating in the Camp. I hereby give permission to the Camp staff to secure medical treatment, and/or take any medical actions deemed necessary in the judgment of Camp staff. I agree to assume sole responsibility for all costs and expenses arising out of said treatment. I certify that the information provided above is a **complete and accurate** statement of the physical and psychological factors which may affect Participant’s involvement at Camp. I certify that Participant is physically and psychologically fit to participate in the Camp, with or without reasonable accommodation. If Participant requires reasonable accommodation to participate in Camp, I will contact the Camp Owner prior to the start of Camp to request and/or make arrangements for such accommodation.

IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.

IF CAMP PARTICIPANT IS 18 YEARS OR OLDER, PARTICIPANT MUST SIGN.

Signature: _____ Date: _____

Printed Name: _____

Private Camp Owner shall retain the original signed form for no fewer than 7 years after date of signature.