

MEDICAL RELEASE FORM

I _____ am the parent or legal guardian of _____ who was born on ____/____/____. My child is attending and participating in the activities during the Gasconade Valley Baptist Association Youth Summer Camp beginning July 16, 2017 and ending July 21, 2017.

I hereby authorize the Camp Director and his/her agents and employees that are 18 years of age or older, who supervise activities at this camp into who care my child has been entrusted, to consent to medical care or dental care for my child.

The Authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under Medical Practice Act for my child. This authority extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Camp Director and his/her employees that are 18 years of age or older, who supervise the activities at the camp to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of y child to the Camp Director and his/her employees that are 18 years of age or older who supervise the activities at this camp.

It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her employees to exercise in his/her best judgment upon the advice of such physician, dentist, and/or surgeon may deem advisable.

Camp Leaders/Directors _____ MAY _____ MAY NOT administer Tylenol to my child if needed

Signature of Guardian/Parent: _____ **Date:** _____

Additional Information:

Parent/Guardian: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Medical/Health Insurance Company: _____

Relationship to Minor: _____ Emergency Phone #: _____

Allergies (please specify any allergic reaction symptoms): _____

Medicine being taken from my child: _____

Other information regarding my child's health a doctor should know: _____

MEDICAL ADMINISTRATION POLICY

All prescription medication must have the label attached by the pharmacist/physician and will include on the container: campers name, name of medication, dosage & physician's name. **We will not dispense medication that is not in the original container and not properly identified as what it is and who it belongs to.**

All non-prescription (over the counter) medication should be sent in the original container with the written request from the parent/guardian on how to administer.

Only enough medication to cover the days your child will be at the camp should be sent. All medication prescription or non-prescription must be turned in at registration.

I HAVE READ & UNDERSTAND THE MEDICAL ADMINISTRATION POLICY _____ (Parent/Guardian Initials)