

## UMCWFB Summer Church Camp - Medical Permission Form

Thank you for filling out this form. We hope that we will never have to use this information. It is, however, in your son's or daughter's best interest for us to have this information readily available should such a medical situation arise. Each camper must have this form properly filled out, signed and turned in before they will be allowed to participate in the 2010 Summer Church Camp, June 13 to 16 at Camp Lucerne.

I, (signed) \_\_\_\_\_, as parent or guardian, give my permission for my son/daughter to participate in camp activities sponsored by the United Methodist Church of Whitefish Bay. Should any emergency medical treatment be necessary, I authorize the adult counsellors and organizers to take necessary steps to obtain emergency medical care as warranted for the well-being of my son or daughter. These steps may include, but are not limited to:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the camper's physician.
3. Seek medical examination and treatment for injuries or condition by a medical professional.
4. Provide over-the-counter medications as deemed necessary by the camp health staff (for example, acetaminophen, ibuprofen, anatacids, cough drops, anti-itch cream, Neosporin.)

I understand that any expenses incurred in treatment will be born by my family and/or our insurance coverage. I also release the United Methodist Church of Whitefish Bay and all adult sponsors from any liability in the event of an accident en route or during the event.

1. Daughter/Son Name: \_\_\_\_\_
2. Parent/Guardian Name/Phone: \_\_\_\_\_
3. Add'l Phone Number(s) to reach parent(s) during camp: \_\_\_\_\_
4. Physician Name/Phone: \_\_\_\_\_
5. Medical Coverage - Company: \_\_\_\_\_  
Policy and/or Group #: \_\_\_\_\_
6. Please list ALL allergies and/or any special diet concerns: \_\_\_\_\_
7. Any other conditions (medical or behavioural) that we should know about? \_\_\_\_\_
8. Date of last Tetanus shot (part of DTP): \_\_\_\_\_

\*\*\*Please attach copies of front and back of current medical insurance cards\*\*\*

### MEDICATION AUTHORIZATION

**Any medications (prescription or OTC) brought to camp need to be in original containers and listed on this form. All meds will be held by Camp Lucerne nurse and dispensed to the camper when needed.**

Name of Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Method of Administration: \_\_\_\_\_  
Possible Side Effects: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
Contact the Physician When: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Method of Administration: \_\_\_\_\_  
Possible Side Effects: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
Contact the Physician When: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Method of Administration: \_\_\_\_\_  
Possible Side Effects: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
Contact the Physician When: \_\_\_\_\_

Please label ALL medications clearly including the following information, and keep in original containers::

- 1) Camper or staff member name; 2) Name of medication; 3) Dosage; 4) Frequency of administration; 5) Method of administration;

and

If the medication has been prescribed by a physician, the label *must* also include:

- 6) Name of prescribing physician; 7) Prescription number; 8) Date prescribed; 9) Possible adverse reactions; 10) Specific conditions when contact should be made with physician; 11) Other special instructions.