

**PERTINENT MEDICAL INFORMATION AND CONSENT TO TREAT PARTICIPANT**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camp(s): \_\_\_\_\_

**Preferred Emergency Contact Phone Number:** \_\_\_\_\_

Has Participant ever been diagnosed with, or have you ever been told that he/she has Sickle Cell trait?  **YES**  **NO**

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

Allergies: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

**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.

I, the parent/guardian of the Minor Participant, certify by my signature below that I give permission to the Camp staff to administer to Participant:

**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
- Acetaminophen (Tylenol)  YES  NO
- Allergies (Benadryl)  YES  NO

Other non-prescription medications which may be administered: \_\_\_\_\_

**OPTIONAL: Medications to be Self-Administered by Minor Participant:** I, the parent/guardian of the Minor Participant, certify by my signature below that Participant may possess and self-administer the following prescription and/or non-prescription medication(s): \_\_\_\_\_

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 18 YEARS OR OLDER, PARTICIPANT MUST SIGN:**

Camp Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_