

Medical Release Form
Bow-Dacious String Band World-on-a-String Summer Camp 2008

Please inform us about any medical conditions we need to be aware of. Please check all that apply.

_____ Diabetes

_____ Asthma

_____ Severe Allergy (Describe)

_____ Other (describe)

_____ My child has no special medical conditions.

Please circle yes or no for each item.

Yes No My child takes medication daily. *If yes, please describe.*

Yes No My child will have emergency medication with him or her at camp.
If yes, please describe.

Yes No My child may need help administering daily or emergency medication.
If yes, please describe.

Yes No I authorize camp personnel to administer simple first aid in the event of a minor accident. This includes bandages for small abrasions, antibiotic ointment, and similar treatments.

Yes No I authorize camp personnel to administer the following common first aid items if needed. Please circle any that apply.

Tylenol (or generic substitute) Ibuprofen

Emergency contact number for parent/guardian:

Backup emergency contact:

Name & relationship:

Phone number:

Emergency care permission:

In the event of an accident or serious illness I authorize hospital treatment and/or

treatment from a physician for my child, _____
(child's name)

Your signature indicates that you have reviewed and agree to all of the above.

(signature of parent or legal guardian)

(date)