

2010 Summer Festival Permission Form

Student name _____ DOB _____

I give permission for my son/daughter to participate and to receive emergency medical treatment if necessary. Specific health concerns, allergies. etc. to be aware of:

In case parents are unreachable, please contact:

Name _____ Relationship to student _____

Home phone: _____ Work phone: _____ Cell phone: _____

Over the counter medication: I give permission for my child to be given the over the counter medication listed below following the recommended dosage on the product if necessary (check all that apply):

____ Tylenol ____ Antacid Tablet ____ Claritin
____ Ibuprofen ____ Pepto-Bismol



Please complete the following information:

- ____ No medication will be brought to camp
- ____ I want the medication or medical devices self administered
- ____ I want the medication or medical devices administered by an adult

Indicate medication(s):

Name of medication	Dosage	How it is taken	Time(s) of day

_____ I have read, understand and agree to comply with the

- Code of Behavior
- Dress code

_____ A copy of my insurance card (front & back) is attached

Parent/Guardian Signature _____ Date _____

Student Camper Signature _____ Date _____