

Medication:

This camper will NOT take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp.

Please review camp/school instructions about required packaging/containers for medication. **ALL** medication must be accompanied with physician orders.

Name of Medication	Date Started	Reason for taking	When it is given	Amount and dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		

The following non-prescription medications will be stocked in the Nurse's office and are used on an as needed basis to manage illness or injury. Please identify which medications you authorize the Nurse to give your camper:

Medication	YES	NO
Acetaminophen (Tylenol, etc.)		
Ibuprofen (Motrin, Advil, etc.)		
Antacid (Tums, etc.)		
Diphenhydramine (Benadryl, etc.)		

Signature of Parent/Guardian _____

Date _____

Please provide any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Parent/Guardian Authorization for Health Care:

*I authorize representatives of Shooting Stars Summer Camp to contact directly the persons named in this form, and do authorize the named physician to render such treatment as may be necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action necessary in their judgment for the health of the aforesaid child.

I also hereby consent to any treatment, diagnostic procedures, surgery or the administration of anesthesia which may be necessary based on the medical judgment of the attending physician. I also give permission for necessary information related to my child's condition to be shared with the school nurse. I hereby promise and agree to indemnify and/or hold Shooting Stars Summer Camp free and harmless of and from all claims and suits brought by or on behalf of my said child for or on account of emergency and/or transportation of said child.

I understand that the cost of transportation of my child to a hospital by ambulance is my responsibility.

Signature of Parent/Guardian_____

Date_____