

Health and Medical Information – Camping Trip

Name _____ Date of birth _____

Do any of the following apply? (Check all that apply)

Asthma Diabetes Sleepwalking Allergies Heart Condition Seizures

Please list any special diet restrictions: _____

Allergies (Use back of paper if necessary)

I give my permission for NRCC Chaperones to administer the following to my child as needed:

Tylenol Ibuprofen Pepto Bismol Benadryl Basic first aid creams

My child's weight: _____ (needed to administer proper dosages of some medications)

My child takes the following prescription medications: (Use back of paper if necessary)

Drug Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: Our NRCC Chaperones cannot administer prescription medications unless they are in the original prescription bottle with the doctor's instructions on the bottle. Please place all medication bottles in a ziplock bag with your child's name on the outside. I hereby certify that _____ is in good health, free of any communicable disease and able to participate in all camp activities. In case of medical emergency, I hereby give my permission for the NRCC Chaperones to treat my child with basic first aid or one of the over-the-counter medications listed above. In the event that my child needs further treatment, I give the NRCC Chaperones my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. I understand that, in the case of emergency, every effort will be made to contact me first; however, if I cannot be reached, the NRCC Chaperones will act in the best interest of my child. I agree to cover the costs of any and all treatments. My signature below is evidence of my understanding of all above information and releases Camp Bethel, Carolina Ministries, and all staff of liability.

Signature of Parent or Legal Guardian

Date

****ALL Medications are to be turned in to Angie Kornacki or Christel Caliguire, and must be in their ORIGINAL bottle or package! Please write any medical condition or additional information on the back of this paper.**