LILLIE’S QUEST CAMP

**MEDICAL RELEASE FORM**

**STUDENT NAME DATE OF BIRTH**

**EMERGENCY CONTACT INFORMATION**

**It is the responsibility of the parent or legal guardian to keep all demographic data (phone numbers, address, email, emergency contacts) up-to-date with the Camp office.**

**MEDICATION GUIDELINES: Medicine should ordinarily be administered in the home. However, at certain times, medication may need to be administered during the camp quest day in order that a child can attend camp on a regular basis. Forms are available in the Camp office. There are no nurse or dottora on site but we do have first Aide assistance.**

**ACETAMINOPHEN RELEASE: (6-12 Grades only) The child listed above has my permission to receive acetaminophen tablets, chewable or adult, in the dosage corresponding to the child’s age for complaints or headache or general malaise as dispensed by Lillie’s Quest Camp (LQC), or G.W.O.M. Please check one.**

 **\_\_\_Yes \_\_\_No SPECIAL MEDICAL CONCERNS Is there any special medical information that the school needs to be aware of, i.e. allergies, medication, previous surgery? (please list in the space below)**

**INSURANCE INFORMATION: (A copy of your insurance card front & back must be attached.)**

**Name of Health Insurance Company:**

**Policy Number:**

**Phone Number:**

**PERMISSION TO SECURE MEDICAL ATTENTION: In case of sickness or injury, the camp has my approval to secure, at my expense, medical attention as needed, if I am unable to be reached at any emergency contact numbers on file.**

**Parent/Guardian Signature Date**

**Student Signature Date**

**Print Student Name Grade for next year**