

Permission to Treat

Section 1

Emergency Medical Care

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; administer medications; to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the child named below.

Camper _____

Parent/Guardian Signature _____ Date _____

Section 2

General First-Aid and Over the Counter Medications

I hereby give permission for Freedom Center to administer first-aid* and the following over-the-counter medications (ones that are checked) if the nurse deems it necessary. I understand that Freedom Center will attempt to contact me before over-the-counter medications are dispensed. Dosages will be administered only according to directions on the bottle/package unless a written physician's note directs otherwise.

Freedom Center can not dispense prescription medication to any child.

Bandages Cuts/ scrapes (soap and water only)
 Acetaminophen (Tylenol) Ibuprophen (Advil, Motrin)

(*To treat minor abrasions and skin irritations, cuts, and scrapes)

Parent/Guardian Signature _____ Date _____

Section 3

Application of Bug Spray and Sunscreen

I give permission for my child to use/apply sunscreen and bug spray only as needed. I understand that aerosol bug sprays and any containing DDT are not permitted at the camp. I understand that my child must be capable of applying either item by himself.

Parent/Guardian Signature _____ Date _____