

Camp Laurel

Camper Medication and Care Form



Please complete **both** sides of this form and turn it in to the check-in nurse at drop off

Camper Name: _____ Today's Date: _____

Parent/Guardian Name: _____

Emergency Contact:

Name: _____

Phone # - Daytime: _____

Phone # - Nighttime: _____

PERMISSION FOR RELEASE OF CHILD:

I certify that I am the parent/legal guardian of _____, who I hereby place in the custody of The Laurel Foundation to attend Camp Laurel from 08/8/21 to 8/14/21. Upon completion of Camp Laurel, on 08/14/21 I hereby give consent to The Laurel Foundation to release custody of said child to myself or to the following people:

Person #1: _____ Phone #: _____ Relation: _____

Person #2: _____ Phone #: _____ Relation: _____

Parent/Guardian signature: _____ Date: _____

Print Name: _____

CAMPER RELEASE:

The Laurel Foundation has released _____ to my custody on 08/14/21

Signature: _____ Date: _____

Print: _____

MEDICATIONS:

Camper Name: _____

My child does not take medication: _____ (Initial here)

<u>Medication</u>	<u>Dose</u>	<u>Day(s)</u>	<u>Time of</u>	<u>Other Instructions</u>

Registration Nurse: _____ Phone this evening: _____

Describe routine your child prefers to receive medication:

Does your child take medications as prescribed by their doctor? (Circle one): Always Sometimes Most of the time Never

Do they go to their scheduled doctor visits? (Circle one): All the time Sometimes No Only for camp

I authorize The Laurel Foundation medical staff to dispense medications, including prescription and over-the-counter medications, to my child. I am aware that Camp Laurel will endeavor to arrange for medications to be taken at or near the times stated, or where reasonably practicable, considering camp schedules. I hereby certify that the information enclosed herein is true and correct.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____