

# Camp Mulberry

## Camper Medication and Care Form



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

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Camper Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone # - Daytime: \_\_\_\_\_

Phone # - Nighttime: \_\_\_\_\_

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### 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 Mulberry from 08/1. 21 - 8/6/21. Upon completion of Camp Mulberry, on 08/6/21 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: \_\_\_\_\_

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### CAMPER RELEASE:

The Laurel Foundation has released \_\_\_\_\_ to my custody on 08/06/21

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

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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 Mulberry 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: \_\_\_\_\_