

Children's Science Center Lab: Camper Medication Authorization

Camper's Name: _____

Please list all of the camper's allergies:

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Are there any daily or emergency medications that need to be administered during camp hours?

If so, please list all medication and include specific comments and instructions*

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Comments/Instructions:
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**Camp staff is not permitted to give any prescription or over the counter medication to your camper unless provided by you. Please use the space provided to list any further details regarding your camper's medical information or any additional information you would like camp staff to know.*

Are there any special conditions, needs, or preferences (mobility, dietary, emotional, gender expression, etc.) that you would like camp staff to know?

Liability Release

The information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my camper's participation in summer camp at the Children's Science Center Lab. I hereby grant permission for my camper to participate in summer camp activities. I approve camp staff to carry out any minor first aid treatment when applicable. Medication will not be administered by Children's Science Center Lab staff unless provided by me. I approve the use of emergency medical services selected by the Children's Science Center Lab staff to provide transportation and aid in the event there is a medical emergency with my camper and I cannot be reached. My camper is voluntarily participating in summer camp despite inherent risks associated with illness.

Parent/Guardian Signature: _____ Date: _____