

CAMP HEMLOCK LABOR DAY RETREAT MEDICAL/EMERGENCY INFORMATION

I give my permission for _____ to attend Camp Hemlock Labor Day Retreat, August 30-September 2, 2019. In the event my child becomes ill or is injured, I authorize the camp registered nurse to take the following action:

To administer over-the-counter medications except any listed below:

Child's DOB: _____ Current Weight: (for OTC meds) _____

Known Medical Conditions and Allergies (Drug, Food or Environmental):

Will your child be taking any prescribed medications (daily or as needed)? If yes, list medication:

Additional information/instructions: _____

In the event of an EMERGENCY, the parent/guardian will be notified.

CONTACT INFORMATION:

If no one can be reached in the event of an EMERGENCY I hereby give my permission to the physician selected by the RN or Retreat Leader to secure proper treatment for my child.

Medical Insurance Carrier and Policy #: _____

In consideration for the privilege of allowing my child to participate at Camp Hemlock Labor Day Retreat I agree to release and hold harmless the church's involved, Camp Hemlock, it's Retreat Leaders and Nurse, from any liability to or responsibilities for bodily injury, damage, or illness to the above-identified child while participating in any athletic or social activity.

Signature of Parent/Guardian

Date