

MEDICAL TREATMENT RELEASE

IN THE EVENT OF AN ACCIDENT OR SPECIAL HEALTH NEEDS, IT WILL BE NECESSARY FOR US TO HAVE THE REQUESTED INFORMATION. PLEASE MAKE CERTAIN THAT YOU HAVE PROVIDED THOROUGH AND ACCURATE MEDICAL INFORMATION. IT IS RECOMMENDED THAT YOU ATTACH A PHOTOCOPY OF YOUR FAMILY MEDICAL INSURANCE CARD.

Name: _____ Birth Date: _____ Age: ____ Sex: (M/F) ____
First Middle Last Mo. Day Year

Church: _____ City: _____ Dates at Camp: _____ to _____

Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime _____ Evening _____ Other _____

If unable to reach above person: Notify _____ Relationship to You: _____

Phone Number of Contact Person: Daytime _____ Evening _____ Other _____

Family Physician: _____ Phone: _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: _____

MEDICAL INFORMATION

Significant Allergies (specify)

- Food: _____
- Insect Sting: _____
- Medicine/Drug: _____
- Plant/Pollen: _____
- Other: _____
- Special Diet: _____
- Recent Surgery? _____
- Date of last Tetanus Shot? _____ Immunizations Current? _____

Diseases, Chronic or Recurring Illness: (Check all that apply, explain)

- Asthma: _____
- Bleeding Disorder: _____
- Joint or Back Problems: _____
- Diabetes: _____
- Epilepsy: _____
- Heart Condition: _____
- Seizures: _____
- Stomach Condition: _____
- Emotional: _____

HEALTH CARE AND CAMP PERMISSION— INITIAL & SIGN THE STATEMENTS BELOW.

____ I give permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on my part the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

____ I give permission for myself or my child/ward, in consultation with the Camp Health Supervisor and/or the medical director's standing orders, to take the following medications as indicated by checking below:

__acetaminophen (i.e. Tylenol)	__Ibuprofen (i.e. Advil)	__decongestant (i.e. Sudafed)
__antihistamine (i.e. Benadryl, Claritin)	__antihistamine cream	__antibacterial ointment
__antacid tablet (i.e. Tums)	__additional medications as indicated/prescribed by the TPCC Medical Director	

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

I hereby attest that all information listed on this Medical Form is complete and accurate to the best of my knowledge that I or my child/ward am/is in acceptable health, physical ability, and emotionally ready to fully participate in camp or retreat activities. I grant my permission to participate in all activities associated with the enrolled event with the exceptions of those that are noted.

I, _____ being the legal guardian of _____ (if applicable) give my permission to [Camp Site Name] management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of myself/the named camper. I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in [Camp Site Name] sponsored activities.

X _____
 Signature Date Phone Number



MEDICATION ADMINISTRATION AUTHORIZATION (STUDENTS ONLY)

This form is to be completed and submitted UPON ARRIVAL at [Camp Name] to the [Camp Site Name] Medical Staff WITH below described medications.

Name: _____ Birth date: _____ Age: ____ Sex: ____ Male ____ Female

Church Name: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the [Camp Site Name] Medical Staff to administer as prescribed by law the listed below medication to my child.

X

Parents/Guardian Signature

Date

Daytime Phone #

Evening Phone #

OR

As an Adult Camper/ Sponsor/Staff, I give my permission to the [Camp Site Name] Medical Staff to administer as prescribed by law the listed below medication to me during my stay at [Camp Site Name]

X

For Prescription Medications only...PLEASE follow these guidelines: In accordance with Texas Department of Health regulations: ALL Medication that is brought to camp must be: (1) **Placed in a secure location not accessible to campers**, (2) **Prescribed for the camper (not a sibling or parent)**, (3) **In the original container with all labels intact**, and (4) **Correct current dosage**.

Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders. [Camp Site Name] staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by [Camp Site Name].

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____ - _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____ - _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____ Tablet ____ Pill ____ Capsule ____ Liquid ____ Inhalation ____ Other (specify) _____ - _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release/ Administration Forms and medication(s) to be administered **should be given to the church Contact Person prior to arriving at [Camp Site Name]**. When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the [Camp Site Name] Office. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. To make it easier for the church Contact Person, **the parent/or student should put their medications and signed Medication Administration Authorization forms in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag.** Parents should emphasize to their child(ren) the responsibility of reporting to the camp Health Center for their medications while at camp.