

**CAMP SEQUOIA WEEKEND TRIPS MEDICAL FORM**

1. CAMPER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_



**2. SCHEDULE OF ADMINISTRATION**

<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE (MG)</u>	<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE</u>
(MG) BREAKFAST 8AM	_____	_____	MID-PM 3:30 - 4PM	_____	_____
	_____	_____		_____	_____
MID-AM 11AM	_____	_____	DINNER 6PM	_____	_____
	_____	_____		_____	_____
LUNCH 12:45 PM	_____	_____	BEDTIME 8:30 - 9PM	_____	_____
	_____	_____		_____	_____

**3. MEDICATION(S) OR OTC PREPARATIONS TO BE ADMINISTERED AT OTHER TIMES:**

<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE (MG)</u>	<u>TIME</u>	<u>NAME OF MED</u>	<u>DOSAGE(MG)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I HEREBY AUTHORIZE CAMP SEQUOIA, LLC TO ADMINISTER THE ABOVE LISTED MEDICATIONS TO MY CHILD AS DIRECTED

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

I give permission for the Camp Nurse to administer OTC medications on an as needed basis to manage injury and illness. I further authorize the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_