

Camp Ivydale Medical Release/Authorization Form

Emergency Contact and Medical Information for your Camper

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____		_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone		
_____		_____			
Address		Address (if different than other parent)			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contact

Primary Emergency Contact

Home Phone

Work Phone

Address

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Height: _____

Weight: _____

List any physical conditions that may affect or limit full participation in any activity

Describe any special medical conditions: (e.g. food or other allergies, ADHD, asthma, cancer, leukemia, diabetes, heart conditions, etc.)

List any medications (prescribed by a physician) that should be administered to the participant while attending Camp Ivydale:*

List equipment needed: (e.g. wheelchair, braces, glasses, contact lenses, etc.)

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and/or Camp medical staff for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I WILL ALLOW the camp Nurse and/or authorized personnel to give my child Ibuprofen, Acetaminophen, cough drops, Antihistamine, antacids, antidiarrheal, or laxatives at camp for minor problems. (Complaints of headache, pain due to musculoskeletal injury, and/or menstrual cramps, dry throat, minor allergic reaction i.e. bug bites, upset stomach and/or indigestion.)

Parent's/Guardian's Signature

Date

* Non-prescription medications and treatments will be administered at the sole discretion of the Ivy Dale medical staff while campers are under camp supervision. Any prescription medications supplied by parents or guardians must be in the original pharmacy container with clear dates and dosages on the label.