

# Parental Consent for Super Summer Fun Day

In my absence I authorize the Elementary Ministry of the University Baptist Church to administer medications as needed or directed below.

The following is the list of over the counter drugs our nurse has approved for use. The nurse would dispense these only as needed. Please circle any of these items **NOT** to be given to your child.

Acetaminophen(Tylenol)	Calamine Lotion	Sudafed (decongestant)
Cepacol (Lozenges, mouthwash)	Betadine for wound care	Pepto Bismol
Cepastat (Lozenges)	Hydrogen Peroxide for wound care	Milk of Magnesia
Chlor Trimeton (antihistamine)	Neosporin Ointment for wound care	Mylanta II
Cortisone Cream	Polysporin Ointment for wound care	Gatorade
Actifed (decongestant and antihistamine)	Caladryl Lotion	Immodium
Benadryl		

## Authorization to Medicate Your Child

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please complete a line for each medication sent. All medication must be in original containers with prescription instructions **from your child's pediatrician**, in your child's name. It **must** be checked in with Nurse upon arrival.

I hereby request and authorize the Nurse, to give the following medication(s) to my child:

Currently taking any medication? Yes or No

If yes, what? \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	FREQUENCY	WHAT IT'S FOR?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Allergies (Food, drugs, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Disorders (Diabetes, Epilepsy, Asthma, Fainting, Heart Condition etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

Does your child dehydrate easily ?                      Yes   or   No

We will be swimming, so it is important that you answer the following questions as precisely and accurately as possible.

Does your child know how to swim ?                      Yes   or   No

How many years of swimming experience has your child had ?                      \_\_\_\_\_

What swimming strokes do they know ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can child take part in athletic activities including jumping, running, and **swimming**?

Yes   or   No

As the parent (or legal guardian) of \_\_\_\_\_, I certify that I have been informed that, as a participant in "Super Summer Fun Day", my child will be participating in a one day camp on July 12<sup>th</sup> or 13<sup>th</sup>, 2010 at Camp Owaissa Bauer, 17001 S.W. 264<sup>th</sup> St., Homestead, FL. Completion of this form gives medical authority to the adult representatives of the Elementary Ministry of the University Baptist Church.

**By signing the bottom portion of this form, I am promising that the information above is accurate. And I am aware that if my child does not pass the swim test he/she may not be allowed to swim and we will have alternative activities for them.**

I also state, that if I allow my child to participate in Super Summer Fun Day, my child is physically fit and has the necessary skills to participate in this activity.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Medical Treatment Authorization**

Child's Name: \_\_\_\_\_

Parent's Name (Mother): \_\_\_\_\_

Parent's Name (Father): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Beeper#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Emergency Contact Person**

In an emergency, if a parent or legal guardian can not be contacted, the following individual has the authority to make decisions regarding my child:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

I understand that there are always risks inherent in camp activities, therefore, I agree to release and not hold University Baptist Church and its ministry representatives liable for accidents that may occur on or off the camp property during my child's stay. The health history provided above is accurate as far as I know, and the child herein described has my permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp directors to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp directors to secure and administer treatment, including hospitalization and anesthetization, for the child named above. I also understand and agree to abide with my physician's recommendations.

Signature of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_