



## Summer Camp Medical Release Form

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Child Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_

**Please mark whether or not your child can receive the following over-the-counter medications *without a phone call*:**

Tylenol: Yes / No

Anti-Itch Cream: Yes / No

Advil: Yes / No

Cough Drops: Yes / No

Pepto-Bismol: Yes / No

Neosporin: Yes / No

Tums: Yes / No

Band Aids: Yes / No

**Does your child have any allergies? Yes / No**

**If yes, please describe:**

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**Does your child receive physician-prescribed medication? Yes\* / No**

**If yes, please describe:**

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\*Any physician-prescribed medication needing to be administered during the camp must be given to the camp instructor.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**