

# CONSENT TO MEDICAL TREATMENT

NAME OF CAMPER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

## **Please read and complete the following:**

Camp director(s) and/or camp medical staff will administer all medication. All prescription medication **MUST** be in its **ORIGINAL** bottle. This should be labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Please check what applies below:

- No medication(s) will be brought to camp.
- I want the medication to be self-administered (age 18 and above only).
- I want the medication administered by camp staff; however, a limited amount of medication for life-threatening conditions may be carried by my son/daughter (i.e. inhaler, insulin syringe, etc.)

## **I AGREE TO THE FOLLOWING:**

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of, and accept the risk inherent in program activity.
- I attest that all information I have provided on all forms is correct.
- I agree to hold harmless and indemnify Camp Koyquin and Camp JIM, their officers, facilities, agents, volunteers, and employees from any and all liability, loss, damages, costs, expenses which are sustained, incurred, or required arising out of the actions of my son, daughter, or ward in the course the camp.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE