

MEDICAL UPDATE AND MEDICATION RELEASE FORM

Has the camper experienced any medical problems, accidents, or injuries within the last three weeks?
Explain: _____

Is camper bringing any medications? Yes No (If yes, list medications below.)
Is the medication listed to be administered during camp necessary for the camper to participate in or to address a medical condition that may arise at camp? Yes No
Has the Medication Authorization Release Form below been signed? Yes No
List any activities that the camper should not be allowed to participate in: _____

List past medical treatment that may affect the camper's ability to participate in a camp activity: _____

Medication Authorization Release Form:

In order to provide for the health and well-being of campers and other event participants, medication may be administered during the event by the event leadership, event first-aid person, or administrative designee as directed. All medications, including over-the-counter, are to be turned into event leaders at check-in. If authorized below, treatments such as inhalers, bee sting kits, etc., may be self-administered under the supervision of event staff. I further release that the ELCA East Bay Camp Association and individual members thereof, its employees and volunteers, be indemnified and held harmless from any and all claims arising from administration of said medication.

I request and authorize that my child be given or assisted by the event leader or designated person in taking the medication(s) described below.

Signature of Parent/Guardian: _____ Date: _____

All prescription and over-the-counter medications MUST be in ORIGINAL containers with FULL LABEL showing camper's name, doses, etc. (List medications on a separate sheet as needed.)

ALL items must be completed before the event leadership can approve administration of any medication.
(List medications on a separate sheet as needed.)

Medication: _____

Purpose of Medication/Diagnosis: _____

Form: (i.e., tab, injection, etc.) _____

Dose: _____

If given daily, state range & frequency: _____

How soon can it be repeated? _____

Is the camper authorized to medicate him/herself? Yes No

List significant side effects: _____

FOR OFFICE USE ONLY

Is information on form current? Yes No
Any observable evidence of illness, injury, or communicable disease?
 Yes No

If yes, attach sheet with explanation.

Form checked by: _____

Date: _____