

SoCal District Summer Camps Medical Release Form
(This form must be filled out completely and is required for each camper.)

Camper's name _____ Age _____

Parent/Guardian name: _____

Church: _____ Pastor's Name: _____

Parent/Guardian phone # during camp: _____

Emergency #'s: _____

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

ID # or Social Security # of the insured _____

Is the camper currently taking prescription medication? Y N

If yes please fill out the following: (List any additional information on back of this form)

Does the medication need refrigeration Y N

Name of medication(s) prescribed: _____

Is the camper allergic to any medication? Y N

If yes, please list: _____

Does the camper have any known diseases? Y N

If yes, please explain: _____

Parent/Guardian: Please indicate below which over the counter medications and prescriptions your child may be dispensed on an as-needed basis while attending the 2015 SoCal District UPCI Camps. All medications will be provided and dispensed by the camp nurse. Please initial each acceptable medication.

___ Acetaminophen (Tylenol)

___ Aspirin

___ Skin cleansing agent

___ Topical (skin) Antibiotic

___ Cough/Cold/Allergy med.

___ Benadryl

___ Ice/Hot packs

___ Sunburn Preparation

___ Earache Medication

___ Sore Throat Medication

___ Calamine/Caladryl Lotion

___ Eye/Ear/irrigation

___ Indigestion Medication

___ Diarrhea Medication

___ Toothache Med.

I. _____ . (Parent/Guardian name)

Hereby, give permission for _____ (Camper's name) to

be treated in the event of an emergency **while attending the 2016 SoCal District UPCI Camps.**

Signature of Parent/Guardian _____

PLEASE ATTACH A COPY OF INSURANCE CARD TO APPLICATION