

First Aid and Medication Form

Release & Waiver on Back

Over the Counter Meds (As Needed)	<p style="text-align: center;">Parent: We keep all the meds listed below on site. Benadryl, Calamine, Claritin, Cough drops, Hydrocortisone, Ibuprofen, Pepto Bismol, Tussin Cough, Tylenol, Clean/Neosporin & Bandage Cuts Please let us know if you consent to these items being given when needed.</p> <p> <input type="checkbox"/> YES, I consent to these items being given when needed.* <input type="checkbox"/> NO, I do consent to these items being given when needed. </p> <p>*If Yes with exceptions, please list what items you do not consent to being given to your camper. _____</p>
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Parent: Please list the meds and dosage being given. Bring separate containers to camp for each medication.
First Aid Provider: Under the day of the week, write the time meds were given and put your initials in the box.

Time of Day	Medication	Dosage	Monday	Tuesday	Wednesday	Thursday	Friday
AM / Breakfast							
Lunch							
PM / Dinner							
Bedtime							
As Needed Medication							

Medical or Food Allergies:

This signifies that all medications brought to camp are prescribed by my child's doctor and labeled correctly:

Parent's Signature: _____ **Camper's Full Name:** _____

Primary Contact Phone Number: _____ **Secondary Contact Phone Number:** _____

Office Use: Cabin # / Team Color: _____ **Office Use: Counselor:** _____

Office Use: First Aid Provider _____ **Office Use: Medications returned to (signature):** _____

Camper Last Name: _____

Week of Camp: _____

Release & Waiver: Please sign below

Parent Agreement:

I understand that my child is expected to participate in all activities, respect others, and obey camp rules. If my child is unable to participate in a safe and respectful manner, he/she may be asked to leave early. Refunds are not issued if my child leaves camp early for social, emotional, behavioral or health reasons.

I understand that CBM, its staff, agents, and insurance company are not responsible for medical treatment or liability resulting from physical conditions existing prior to my child's attendance at camp. I understand that there are inherent risks in all activities. While CBM of Virginia seeks to minimize risks through careful planning and supervision, accidents and illness may occur. I release CBM, its employees and agents, of all liability in the event of such an accident or illness. I authorize Children's Bible Ministries' staff or agents to act, as agent for me, to consent to any emergency medical treatment advised and supervised by a physician, surgeon, or dentist.

I understand that I am giving permission for my child to attend Camp Red Arrow. In the event of an emergency, if you are not able to reach me, a doctor or hospital has permission to treat my child. I also give permission for my child to participate in any and all activities not listed below during their week, even if they take place off camp property.

I have read the above statement. By signing below, I acknowledge and agree to these terms in sending my child to Camp Red Arrow.

Camper's Full Name: _____

Printed Parent or Guardian Name: _____

Signature of Parent or Guardian

Date

Primary Phone Number:

Secondary Phone Number: