

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 style="text-align: center;"><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 release Camp Red Arrow and CBM of Virginia and staff from any liability in connection with these activities. I also give permission for my child to participate in any and all activities during their week, even if they take place off camp property.

I understand that Camp Red Arrow and CBM of Virginia, its staff, agents, and insurance company are not responsible for medical treatment or liability resulting from any physical conditions existing prior to my child's attendance at camp. I understand that there are inherent risks in all activities. While Camp Red Arrow seeks to minimize risks through careful planning and supervision, accidents and illness may occur. I release Camp Red Arrow and CBM of Virginia, its staff, agents, and insurance company of all liability in the event of such an accident or illness. I also promise to hold Camp Red Arrow and CBM of Virginia and staff harmless and indemnify Camp Red Arrow and CBM of Virginia and staff in case of a lawsuit.

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, I authorize Camp Red Arrow and CBM of Virginia, its 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 have read the above statement. By signing below, I acknowledge and agree to these terms in sending my child to Camp Red Arrow. Registration constitutes permission to use you/your child's image in any camp photos and videos.

Insurance Company:

Policy #:

Phone:

Camper's Full Name:

Printed Parent or Guardian Name:

Signature of Parent or Guardian

Date

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Primary Phone Number

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Secondary Phone Number

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Alternate Phone Number

Primary Contact

Secondary Contact

Alternate Contact