

## Emergency Medical Form

While camp is not a milk or peanut free environment, we strive to create a safe place for those children with specific food allergies. Parents are encouraged to seek peanut-free snacks and lunch alternatives to bring to school. We appreciate the families as they support this effort.

For students who have any kind of life-threatening condition requiring medication (for example: asthma, diabetes, food/insect allergies with anaphylaxis), and who have a Medical Care Plan documented, families must provide to the camp those items of equipment or prescribed medication necessary to implement the action plan (EPI-PENS, inhalers, medications). If your child has a life-threatening condition, it is imperative to communicate detailed information. All faculty and staff are informed of students throughout the camp who have serious allergies.

Student Name:	Date of Birth:	Gender:
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Medical Condition (be specific, ex: foods to avoid, physical limitations, etc.):
Signs/symptoms to watch for:
Name of medication(s): <span style="float: right;">Dose to be given:</span>
Special Instructions for administration of medication:

As the parent/guardian of this student, I authorize camp employees to administer this medication. I understand the camp will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the camp in the original container. The camp has my permission, in an emergency when I cannot be contacted, to have my child transported to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

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Parent Signature

\_\_\_\_\_  
Date