

2017 St. Christopher Summer Camp Physician's Release & Parental Consent

Completed form can either be uploaded directly to the camper account or mailed to the summer camp office at: Summer Camp Office, 2810 Seabrook Island Rd, Johns Island, SC 29455.

Submission deadline is April 21, 2017 (late fees will apply if submissions are late).

Part A Completed by Parent, Part B Completed by Physician

Part A:

Camper Last Name	Camper First Name			Camper Middle Initial
Date of Birth	Age	Male	Female	Summer Camp Session attending

Reasonable precaution is exercised to ensure that St. Christopher Summer Camp is a safe place for your child. It is possible though, that illnesses or accidents requiring medical treatment may occur. In the event that a child becomes ill or is injured, staff will act in accordance with the camp physician's "Standing Medical Orders" and the information provided on the Medical Form. If the situation warrants referral to a licensed physician or medical facility for further evaluation and treatment, we will attempt to contact the parent/guardian. If we are unable to contact the parent/guardian prior to necessary treatment, they will be notified as soon as possible after evaluation and treatment are completed. I authorize the physician selected by St. Christopher to secure and administer treatment, including hospitalization for _____ (Camper's Name) if I cannot be reached in an emergency. I further authorize the Executive Director of St. Christopher, or his agent, to consent to any x-ray or treatment necessary for my child. I understand and accept that I will be billed directly by the providers of any medical treatment given and acknowledge financial responsibility for those bills. This form may be copied as necessary to provide medical care. I give permission for my child to participate in all camp activities, except those noted on this form. Unless I inform the camp otherwise in writing, I consent to photographs and interviews of my child that may be published to illustrate and promote St. Christopher/Diocese of South Carolina. I furthermore waive and release St. Christopher from any claim for personal injury or property damage.

Parent/Guardian Signature: _____ Date: _____

Part B: To be completed by Physician

The following medications may be administered to this child, if needed, while at camp:

Acetaminophen (active ingredient in Tylenol)	per label instructions	Yes ___ No ___
Ibuprofen (active ingredient in Advil)	per label instructions	Yes ___ No ___
Diphenhydramine HCl (active ingredient in Benadryl)	per label instructions	Yes ___ No ___
Calcium carbonate, antacids (active ingredient in Tums)	per label instructions	Yes ___ No ___
Guaifenesin (active ingredient in Robitussin)	per label instructions	Yes ___ No ___

List child's prescription medications and/or other over the counter medications to be administered while at camp:

Medication Name	Strength/Dosage/ How many	Time of day given	Reason/notes

If the camper receives care or takes medications for emotional, learning and/or psychological concerns, please provide background information on the back of this form so we might work effectively with him/her

I have examined _____, on/or after April 1, 2016, and have found him/her free of communicable diseases and release him/her to participate in all summer camp activities except those listed on the reverse of this form.

Physician's Printed Name

Physician's Phone Number

Physician's Signature

Date



ST. CHRISTOPHER

SUMMER CAMP

Medication Administration Policies- 2017

- ALL medications, prescription & over-the-counter, require a physician's authorization.
- Prescription medications must be in the original containers with pharmacy label attached. Only send the number of tablets your child will need. Please do not send full bottles.
- Over-the-counter medications must be in original container and labeled with child's name.
- Each medication container must include only the medication indicated on the label.
- The first dose of a medication that a child has not taken before should be given at home so the child can be monitored closely for hypersensitivity and side effects.

****Medications not in original containers or packaging WILL NOT be given.****

****Medications will only be administered according to the directions on the label.****

****For camp sessions with morning closing ceremonies, campers will not receive their morning medications.**