

St. Philip Lutheran Summer Camp Emergency Care & Consent Form

Physician _____ Address _____

Physician Phone (_____) _____ Medical Record # _____

Choice of Hospital _____ Phone (_____) _____

Other responsible people (friends or relatives) that could be called in an **EMERGENCY**:

1. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

2. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

CONSENT FOR MEDICAL TREATMENT ****Your child must be fever free for 24 hrs before returning to camp**

As the parent, agency representative or legal guardian, I hereby give consent to St. Philip Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following allergies and/or medical condition: _____

My child may be given a pain reliever/fever reducer during school hours. _____ Yes _____ No

The parent or guardian will be contacted when giving any medication.

If "Yes" check the following preferences: _____ Tylenol _____ Advil/Motrin

Type: _____ Children's Liquid _____ Adult Tablets

Dosage: _____ Teaspoons _____ Tablets/Caplets _____ Child's Weight

Other Comments: _____

Parent/Guardian/Agency Representative Signature

Date

All persons having permission to pick up your child/children:

1. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

2. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

3. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

Additional Information:

