

# 2024 Consent to Medical Treatment



Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip

**Allergies:** (please list all food, medication, insects, etc.) \_\_\_\_\_

**Current Medications & Doses:** \_\_\_\_\_

## **Please read and complete the following:**

Camp director(s) and/or camp staff will administer all medication. All prescription medication **MUST** be in its ORIGINAL bottle. This should be labeled with the camper's name, doctor's name, medication time, dosage, prescription number, date prescribed, and instructions. Please check what applies below:

- No medications will be brought to camp.
- I want the medication to be administered by camp staff; however, a limited amount of medication for life-threatening conditions may be carried by my son/daughter (i.e. inhaler, insulin, etc.)

## **I agree to the following:**

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of, and accept the risk inherent in program activities.
- I attest that all information I have provided on all forms is correct.
- In the case of injury or illness, I agree to hold harmless and indemnify Christ's Explorers Camp and Holy Trinity Evangelical Lutheran Church, their officers, facilities, agents, volunteers, and employees from any and all liability, loss, damages, costs, expenses which are sustained, incurred, or required arising out of the actions of my son, daughter, or ward in the course of camp.

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Signature of Parent or Legal Guardian

Date