



## CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I (or the above named minor) may be given the following non-prescription medications to treat the common conditions for which they are indicated:

*(Please indicate permission for each with your initials on the line)*

\_\_\_ Acetaminophen \_\_\_ Ibuprofen \_\_\_ Aspirin \_\_\_ Benadryl \_\_\_ Cough syrup \_\_\_ Sudafed \_\_\_ Pepto-Bismol

**Date of Last Booster:** DPT: \_\_\_\_\_ Tetanus: \_\_\_\_\_

### CURRENT MEDICATIONS

*Bring enough for the entire camp period in original packaging with complete instructions.*

Medication	Dosage	Medication	Dosage

### KNOWN ALLERGIES AND/OR DIETARY RESTRICTIONS

*Please explain any restrictions (Attach additional sheet if necessary):*

### BEHAVIOR & PHYSICAL/MENTAL HEALTH

*Information about participant's behavior, physical and/or mental health about which our staff should be aware: (Attach additional sheet if necessary)*

### CONSENT TO AUTHORIZE TREATMENT

(I) (We), the undersigned parent(s) and/or natural guardian(s) of the above named camper, a minor, do hereby authorize a staff member of Lutheran Island Camp (and/or any other adult appointed or designated) to: (i) consent to medical, surgical and dental care for such minor child; (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child; and (iii) on (my) (our) behalf, to: (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child; (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but it is given to provide authority to obtain such care if it should be required.

I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my above mentioned minor child is participating in any programs, activities or events conducted and/or sponsored by Lutheran Island Camp, both on the camp premises and during travel to and from any off-site locations for such programs, activities or events, up to and inclusive of Dec. 31, 2009.

I (We), the undersigned, hereby acknowledge that I (we) have read and understand the foregoing Authorization and Release Form, and have signed the same as my own free act and deed.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

*Horseback riding addendum: I give my child permission to ride horses while at Lutheran Island Camp. \_\_\_\_\_*  
*Initial please*