

Medical Release Form

I give camp staff permission to obtain medical attention for my child,
_____, in the event of illness or injury. I understand that any
expenses incurred will be my responsibility.

Date: _____

Signature: _____

Allergies

We will be working with household products and certain foods during the course of this week.
To avoid possible reactions:

_____ My child does **not** have any allergies that I am aware of.

_____ My child **has** allergies as listed below:

The proper medications that need to be administered to my child are:

Times Administered: _____

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