

Office Use Only
 Cabin: _____
 Color Group: _____

**Kid's Camp 2020:
 MEDICAL INFORMATION AND MEDICATION RELEASE FORM**

Last Name _____ First Name _____ Age _____ Male or Female

If your child will need to take any medication while they are at camp, please list below. (DOCTOR PRESCRIBED ONLY)

Medication Name	Dose	Reason	BRK	LUN	DIN	BED	AS NEED -ED

May we administer over-the-counter medication? Yes or No (Circle One)

If YES, please list which over-the-counter drugs we MAY NOT administer to you (if any):

Significant Past Medical History: _____

Medication Allergies: _____

Current Medical Conditions: _____

Emergency Contact #1: Name _____ Relationship _____
 Phone #1 _____

Emergency Contact #2: Name _____ Relationship _____
 Phone #1 _____

I give permission to camp staff to provide sunscreen products of SPF-15 or higher to my child, when he or she is playing outside during their time at camp. I understand that sunscreen may be applied to exposed skin, including the face, tops of the ears, nose, shoulders, back, arms, and legs. I will include any known allergies to sunscreen products below. Initial _____

I, _____, give Valley Real Life medical representatives, or their designees, permission to procure any and all medical treatment needed for my child in the case of any urgent or emergent medical situation if and when that need may arise.

SIGNATURE _____ Date: _____