

Office Use Only  
 Cabin: \_\_\_\_\_  
 Color Group: \_\_\_\_\_

**Kid's Camp 2018:  
 MEDICAL INFORMATION AND MEDICATION RELEASE FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Male or Female

What church are you coming with? (Circle One)      RLM Post Falls /CDA      Valley Real Life      Lake City CDA/Rathdrum

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 the 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 Real Life Ministries medical representative, 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: \_\_\_\_\_