

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Family Kids Camps or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family Kids' Camps in the summer of _____ through **Life Center Chruch.** (Camper)
(Year)

Authorized Signature Printed Name

Relationship to child: _____ Date: _____

Child's Medicaid # (or other Medical #) _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family Kids' Camps Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFKC Registered Nurse to use her best judgment as situations arise, and if in doubt, he/she can call for verification.

Please check YES or NO for the medications listed below. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO		Specify if desired:
q	q	Sunblock	_____
q	q	Insect repellent	_____
q	q	Lip balm	_____
q	q	Rash ointment	_____
q	q	Tylenol	_____
q	q	Antiseptic ointment	_____
q	q	Band-aids	_____
q	q	Anti-itch cream	_____
q	q	Hydrogen peroxide	_____
q	q	Cough syrup	_____
q	q	Cough drops	_____
q	q	Decongestant	_____
q	q	Antihistamine	_____
q	q	Other	_____
q	q	Other	_____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone number: _____

Person Authorized to pick-up child _____ Phone number _____

PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP.