

All parents/guardians should complete this top half

Do you give Camp Triumph permission to administer the following:

Yes No

Sunscreen (PABA free)

Insect Repellant (Spray or Lotion)

Tylenol (for headache or fever greater than 101.5 degrees F.)

Benadryl (if stung or for unusual bee sting reaction)

Benadryl (if hives develop) Administration of this medication will be followed by phone notification by Health Supervisor to parent.

Insect Sting & Allergy Information:

Type of insect: _____ Last stung: _____

Reaction to sting (in detail): _____

Treatment: _____

For insect stings and other applicable allergies an EPI-PEN must be provided by parents/guardian. (EPI-PEN JR. will be given automatically to prevent anaphylactic shock.)

Asthma:

Last episode: _____ How often? _____

Triggers: _____ Symptoms: _____

Treatment: _____

I hereby certify that the above named camper is in good health and fully able to participate in all activities except those stated above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Camp Triumph to hospitalize and/or secure treatment for my child.

Date _____ Signature _____ If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed prior to enrollment.

To be completed by parents/guardians who are bringing medication to camp for their child

I hereby give permission to the Health Staff of Camp Triumph to administer the following medications to my child:

*Please note that medications are administered only at the following times:
10:30 a.m., 12:00 p.m. and 1:30 p.m.

First Medication:

Name of medication: _____

When to be given: 10:30 a.m. 12:00 p.m. 1:30 p.m.
(Check all that apply)

As prescribed by Doctor _____ Phone _____

Any further instructions of medications will be sent in writing to the Health Staff of Camp Triumph.

Signature of Parent: _____

Second Medication:

Name of medication: _____

When to be given: 10:30 a.m. 12:00 p.m. 1:30 p.m.
(Check all that apply)

As prescribed by Doctor _____ Phone _____

Any further instructions of medications will be sent in writing to the Health Staff of Camp Triumph.

Signature of Parent: _____