

Permission to Treat and Medication Form 2018

PERMISSION TO TREAT

In the case of medical emergency, I understand every effort will be made to contact the parents or guardian of campers. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named below. I understand I am responsible for and agree to pay any charges, not covered by my child's personal insurance, if medical attention is necessary.

Parent/Guardian Name _____ Social Security Number _____

Insurance Provider/Coverage: _____

Policy ID/Medicaid Number: _____

Parent/Guardian Signature Date _____

Emergency Contact (other than parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical History (check all that apply):

☐ Diabetes ☐ Asthma ☐ Heart Disease ☐ Lung Disease ☐ Seizures

☐ Fainting ☐ Stomach Ache ☐ Constipation ☐ Bed Wetting ☐ Sleep Talking

☐ Sleep Walking ☐ Home Sickness ☐ Skin Condition ☐ Anxiety ☐ Depression

☐ Allergies to Animals

Please provide more details on your child's health history including any operations or serious illnesses.

Has your child EVER needed an inhaler or nebulizer for wheezing or asthma? ☐ Yes ☐ No

(If yes, please pack it in your child's belongings, and give it to the nurse at check-in)

Does your child require any regular medication? ☐ Yes ☐ No

If yes, please complete the information below. "X" the time of day the medication is given.

Medication Dose B-fast Lunch Dinner Other Reason For Medication

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide any additional instructions when giving medications.

PERMISSION TO TREAT CONTINUED

I also give permission for Camp C.O.P.E. to administer the following over-the-counter medications if the staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache – Tylenol – Advil – Aspirin **Upset Stomach** – Pepto Bismol

Diarrhea – Imodium AD **Poison Ivy** – Calamine Lotion-Caladryl–Cortaid

Menstrual Cramps – Ibuprofen – Tylenol **Allergic reactions** – Benadryl

Parent/Guardian Signature

Date

Does your child have any of the following allergies?

Drug Allergies: ____ Yes ____ No If yes, please describe:

Food Allergies: ____ Yes ____ No If yes, please describe:

Dietary Allergies: ____ Yes ____ No If yes, please describe:

Any Other Known Allergies: ____ Yes ____ No If yes, please describe:

Are your child's immunizations currently up-to-date? ____ Yes ____ No

If known please provide the date of your child's last Tetanus shot: _____

Additional Information

Does your child require any learning/physical accommodations? ____ Yes ____ No

If yes, please give a brief description.

NOTE: Please notify the Camp Director if this child is exposed to any communicable disease in the three weeks prior to camp attendance (Chicken Pox, Mumps, Measles, etc.)

I hereby verify that all of the information provided in the registration form is both accurate and complete.

Parent/Guardian Signature Date

Camp C.O.P.E Waivers

PHOTO RELEASE

I, _____, hereby grant Northwest Missouri State
(Name of parent/guardian)
University and/or Camp C.O.P.E. permission to record any image and/or voice of my child,
_____, and grant Northwest and/or Camp C.O.P.E. all rights to
(Child's name)
use these sound, still or moving images in any medium for educational, promotional, advertising, or
other purposes that support the mission of the University. I agree that all rights to the sound, still or
moving images belong to Northwest Missouri State University and/or Camp C.O.P.E.

Parent/Guardian Signature

Date

TRANSPORTATION WAIVER

I, _____ hereby grant permission for Camp C.O.P.E. to
(name of parent/guardian)
transport my child, _____, to and from Northwest Wesley
(child's name)
Student Center on a bus/van provided by Northwest Missouri State University. I release Camp
C.O.P.E. and Northwest Missouri State University from responsibility and liability if any injuries
occur in connection with being transported to and from Northwest Wesley Student Center.

Parent/Guardian Signature

Date

RELEASE OF RESPONSIBILITIES FOR VALUABLES

I, _____ hereby release Camp C.O.P.E., Northwest
(name of parent/guardian)
Wesley Student Center, & University staff, and volunteers of any responsibility for valuables that
my camper, _____, chooses to bring to Camp C.O.P.E. I acknowledge
(child's name)
that Camp C.O.P.E. guidelines encourage all valuables to be left at home.

Parent/Guardian Signature

Date