

MEDICAL STATEMENT FORM

This form must be filled out & signed before the application is complete.

Camper's Name _____ Age _____

Allergies _____

MEDICATIONS PRESCRIBED BY PHYSICIAN:

Please administer the following medications to my child while at Pettijohn Springs Christian Camp. I understand that the medications must be properly labeled and in the original container for distribution to my child.

Name of Medication	Strength (dosage)	Frequency Taken	Reason for Taking

OVER-THE-COUNTER MEDICATION

Please list all the medication that your child will take during camp, routinely or on an 'as needed' basis.

- _____
- _____
- _____

Please indicate if the camp nurse can administer (as needed) over-the-counter medicines for common conditions such as:

- Headache/pain (Tylenol/Motrin/Alieve)
- Insect bites/skin rashes (Benadryl/Hydrocortisone/Calamine Lotion)
- Small cuts/abrasions (Triple Antibiotic Cream/Neosporin)
- Stomach problems i.e. nausea/vomiting/diarrhea/constipation (Emetrol/Pepto-Bismal/Immodium/Miralax)

We want your child's camp experience to be positive and spiritually uplifting. Please list if there are any "life changes" (moving, death, divorce, etc.) that might affect your child's emotional well-being while at camp.

In the event of an emergency:

Name of Parent/Person to Notify _____

Address _____ City _____ State _____ Zip _____

Phone No. (all hours) _____ Date of most recent tetanus shot: _____

I, parent or guardian, hereby give approval for my child to attend camp. I relieve PSCC and the staff thereof from any and all liabilities due to sickness, accidents and/or injuries of any cause whatsoever, while attending or coming to or from the grounds. In case of emergency, if I cannot be reached by phone, I give my consent for the director or nurse to authorize the physicians to administer medical help. **I understand that no refunds of all or part of the full amount will be made unless my child's leaving is ordered by a physician.**

I have read and agree to the above statement.

Parent/Guardian Signature _____ Date _____

Confidentiality is a priority. Our insurance is secondary only. Coverage kicks in after the primary coverage of the camper has been expended. If your child is injured and you are uninsured, please contact the camp office immediately.