

THE SEATTLE GIRLS' CHOIR
CONSENT TO MEDICAL CARE AND TREATMENT

Must be completed for attendance at: Summer Day Camp 2010
Please send in with registration form or bring with you the first day of camp.

Camper name: _____

Birth Date: _____ Age: _____

In order that your daughter may receive prompt and appropriate medical treatment when you cannot be reached, you must fill out this form and the medical statement.

I attest that my child (child's name) _____ is in good health and able to actively participate in choir activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp and in good health.

I authorize SGC to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any over the counter medications recommended by the camp manager for various problems which have been authorized in the health form.

I authorize SGC to share information in this Health History document with selected camp staff on a need-to-know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's Camp Registration Form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child named above. I authorize the camp manager to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Health Insurance Provider: _____

Policy # _____ Group # _____

Name of primary insured person: _____

Signature of Parent/Legal Guardian: _____

Date _____ Print Name: _____

Relationship to child: _____

EMERGENCY CONTACTS: (PLEASE LIST IN ORDER OF AVAILABILITY)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

THE SEATTLE GIRLS' CHOIR
CHORISTER MEDICAL STATEMENT

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Camper's name: _____

Parent providing medical info: _____

**If your daughter is exposed to head lice or other contagious conditions, please notify choir staff.

ALLERGIES

Does your child require an Epi-pen? YES___NO___ (If yes, bring epi-pen with meds.)

What is your child allergic to?

MEDICAL CONCERNS: Explain severity, treatment for any ongoing medical concerns

MEDICATIONS

List ALL medications your child needs to take during the day at camp. All medications must be current, proscribed for the child, current, and in the original pharmacy or manufacturer bottle.

Name of medication, Dosage, Purpose and Effects:

Below is a list of over-the-counter medications used common ailments.

Initial here _____ to give permission for SGC to administer the following if deemed necessary by the camp manager. Cross out any products that you do NOT want your child to have.

For digestive upsets:

Tums,
Pepto Bismol
Altoids
Kaopectate

For pain, cough, cold:

Tylenol or Aleve
Ibuprofen,
Benadryl
Cough drops / lozenges

Insect repellent (with
DEET)

1% hydrocortisone cream
Calamine or Caladryl
lotion Antibiotic ointment

Topical (skin) products:

Hints to help us with your daughter _____

