



Deerfield Township Camp Registration



Medical Information Sheet

Camper's Name: _____ Date of Birth: _____

EMERGENCY MEDICAL AUTHORIZATION (FOR MINORS): IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT THE STATED EMERGENCY TELEPHONE NUMBER HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR 1) THE TRANSFER OF THE CHILD TO THE NEAREST HOSPITAL REASONABLY ACCESSIBLE; 2) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY, UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

Please note: Staff are not permitted to administer medication. If your child will need medication while camp is in session, staff may hold the medication until the child asks for it. Camp staff can not be responsible for the administration of any medication - OTC, prescription, or otherwise.

Please describe any assistance needed by your camper: _____

Please list any medications your camper is currently taking: _____

Please describe any other medical conditions you feel we should be aware of (i.e., asthma, allergies, dietary restrictions): _____

Required Signature of Parent/Guardian: _____

Date: _____