

## 2020 S.M.I.T.E. MEDICAL TREATMENT AND LIABILITY RELEASE MILLDALE BAPTIST CAMP, ZACHARY, LOUISIANA MAY 24-29, 2020

Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ *LAST*                      Mother's Cell (    ) \_\_\_\_\_ *FIRST*                      Father's Cell (    ) \_\_\_\_\_ *MIDDLE*

**Emergency Contact** other than parents: \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**INSURANCE INFORMATION:**

Family Insurance Company: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**LIST OF MEDICATIONS CAMPER WILL BE TAKING:**

*MUST BE IN ORIGINAL CONTAINER WITH RX ON PRESCRIPTION CONTAINER*

**Name of Medication**                      **Reason given?**                      **When given**                      **Dosage**                      **How given?**

<u>Name of Medication</u>	<u>Reason given?</u>	<u>When given</u>	<u>Dosage</u>	<u>How given?</u>

**ALLERGIES:** If allergic to any medications, please specify: \_\_\_\_\_

**PHYSICAL LIMITATIONS:** If there are any physical limitations or instructions, please comment: \_\_\_\_\_

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the S.M.I.T.E. nurse, director, or staff member to administer the medicines listed above, as indicated. In case of emergency, I request and authorize them to secure proper medical treatment for the above named person.

I hereby grant (    ) do not grant (    ) permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, Benadryl, etc.) to be given to my child if deemed appropriate during the normal camp activities.

I understand that I am responsible for accident and medical insurance if needed in route to and from S.M.I.T.E. and throughout the duration of the Institute. I freely and voluntarily fully release and hold harmless S.M.I.T.E. and Milldale Baptist Camp, its employees and regents, from any liability in the event of injury or accident to the above named person during the 2020 S.M.I.T.E. and other related activity during the summer.

Signed, parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_