

All Fields MUST be Completed for Registration

REQUEST TO ADMINISTER MEDICATION

NOTICE TO PARENTS/LEGAL GUARDIANS:

When any medication is to be taken at camp, medications must come to camp in the original container from the pharmacy and show the camper's name, the physician or dentist's name, the prescription number, name of medication and dosage. Non-prescription medications must also come to camp in their original containers. Thank you for your cooperation.



Name of camper: _____

Physician or Dentist: _____

Prescription drugs to be taken (use additional paper as needed and attach to form):

1. Medication name: _____ Prescription #: _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

2. Medication name: _____ Prescription #: _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

3. Medication name: _____ Prescription #: _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

Non-Prescription drugs to be taken (use additional paper as needed and attach to form):

Drug: _____ Time(s) to be given: _____ Dosage: _____

Drug: _____ Time(s) to be given: _____ Dosage: _____

Drug: _____ Time(s) to be given: _____ Dosage: _____

REASON(S) FOR MEDICATION(S): _____

I hereby request that (name of camper) _____ receive the above medication(s) at camp as noted and that the nurse or another adult leader administer the medication. I understand it is my responsibility to furnish this medication and proper instructions for administering the same. I further understand and agree that on behalf of myself and the named person, I do hereby waive and release any action, cause of action or claim of liability for any loss, damages, accident or injury of any kind against the Kansas West Annual Conference or Camp Lakeside and against any nurse or adult camp leader arising from the administration of medication, including, but not limited, to any claim that medication was negligently administered, and I agree to indemnify, protect and hold harmless such persons and the Kansas West Annual Conference or Camp Lakeside from any and all such claims.

Name (print) _____
(parent, legal guardian or adult camper)

*Signature _____
(parent, legal guardian or adult camper)

Relationship to Camper: _____ Date: ____/____/____
(“parent”, “legal guardian”, “self”)

PHOTO PERMISSION

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I hereby grant to Camp Lakeside and to its employees, agents and assigns the right to photograph my child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Signature: _____

