



Emergency health information for summer camp:

Child's full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact information:

\*In the event of an emergency, we will begin at the top of the list and work our way down. Please list primary caregivers and numbers first, followed by alternatives that can *quickly* get a hold of the primary if a need should arise.

Name	Phone number(s)	Relationship

Does your child have any allergies to food, medication or other substances (e.g. latex)? \_\_\_\_\_

If yes, what are they, and what is the reaction we can expect?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_What

medications is your child taking at camp, and who is to administer them? (there will be medical staff to oversee this, but some medications are a bit personal and older members may want to keep them private.)

Medication	Dosage	How often, when to administer – place an X if the member is self-administering

As we are going to be at camp for an extended amount of time, and will be far from home, the need may arise for your child to take over the counter medications such as Tylenol or Sudafed. Below is a list of the medications that will be available, please check the line if you consent to our medical person administering them to your child should she feel there is a need. You will be contacted immediately if a serious medical issue or illness arises, but for minor issues you will be alerted when we return home.

\_\_\_ Tylenol

\_\_\_ Ibuprophen

\_\_\_ Benadrly

\_\_\_ Dramamine

\_\_\_ Imodium

\_\_\_ Sudafed (or other decongestant, depending on availability)

\_\_\_ Laxative

\_\_\_ Tums

I \_\_\_\_\_ (parent's name) consent to the administration of the above medications for my child \_\_\_\_\_ (child's full name) should a need arise. I also give permission for the personnel of Chautauqua Youth Chorus to authorize and oversee emergent medical treatment for my child until I can be present.

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Parent's signature

please print name

Date