

# Nebraska Youth Camp Medical and Authorization Form

CAMPER Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date Filled Out \_\_\_\_\_

Mark items that we should be aware of while we are responsible for your child at camp. Additional information can be added on the back or attached.

- Bed wetting
- Sleep walking
- Outdoor allergies
- Asthma
- Diabetes
- Heart problem (specify) \_\_\_\_\_
- Seizures
- Behavior concerns (specify) \_\_\_\_\_
- Special care or diet: \_\_\_\_\_
- Allergies                      type of reaction \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medications

Per State law all medications must be turned in to the camp health staff at registration. The camp health staff must dispense all medications.

All medications must be in current original container. If it is over the counter medication, it should also be marked with camper name, dosage and frequency.

Please list your child's medications with dosage and reason for use:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Emergency Contact Information

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Authorizations

#### Medical

1. This health history and medication information is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted on back or attached.
2. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child as named herein.
3. I agree the camp is released from any liability in connection with the above named child except as covered by the camp insurance carried by the camp (camp coverage is secondary).

#### Leaving Camp Grounds

- The benefits of the camp program are hampered by interruptions with outside activities. For this reason we encourage as few departures from the camp ground as possible. *If it will be necessary for your child to leave camp during his/her session, please supply a list of dates, times and who will be picking the camper up to the director at registration.*
- At two week sessions time is built into the Saturday schedule for campers to make a town trip for laundry. Occasionally Senior Session has a camp sponsored activity that takes place in Kearney.

#### In the course of the camper's stay: (please check all that apply)

1.  My child will depart the camp for the following reason: \_\_\_\_\_
2. My child has permission to go to town for     laundry                       camp activity
3. My child has permission to go to town with     adult staff (over 21)     family member (list below)     other (list below)

\_\_\_\_\_  
 Name/Relationship

\_\_\_\_\_  
 Name/Relationship

\_\_\_\_\_  
 Name/Relationship

#### Departure at the end of camp:

I plan for my child to depart with \_\_\_\_\_ (Please notify the camp if plans change.)

Name/Relationship

#### Media usage release (please check one)

Nebraska Youth Camp updates a photo journal of camp activities during sessions on the web site. These pictures are also used in promotional materials and memorabilia in digital and print format. Such uses may include other locations on the camp website, Facebook, quarterly newsletters, slideshows, etc.

- I withhold permission for my child's image to be displayed in this manner.
- I give permission for my child's image to be displayed in this manner.

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date