

MEDICAL CONSENT/TREATMENT CARD FOR MINORS

Child's Name: _____ Date of Birth: _____ State: _____
Address: _____ City: _____
Father's Name: _____ Employed at: _____
Home Phone: _____ Work Phone: _____
Mother's Name: _____ Employed at: _____
Home Phone: _____ Work Phone: _____

If parents are not available in an emergency, contact:

Name: _____ Address: _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Allergies: _____
Immunizations (Tetanus) date: _____

Special Needs (ADHD, impairment, seizures, diabetic, asthma, sports injury, or other medical conditions): _____

Medications, Dosages & Times to administer: (attach additional sheet if needed)

1. _____ 2. _____
3. _____ 4. _____

Child's Doctor: _____ Phone: _____

Insurance Company & Policy Numbers: _____
Responsible Party: _____

Dear Parent or Guardian:
I hereby authorize the Boys' & Girls' Brigade Association Inc. to use any and all medical information I have provided regarding my child. This information may be used for the purpose of monitoring my child or providing medical treatment for my child in my absence. It is the responsibility of the parent/guardian to notify the Boys' & Girls' Brigade of any changes to this information.

I hereby authorize the treatment, including administration of medication, anesthesia, and surgical treatment(s) deemed necessary for my minor child _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician or medical personnel.

Signature of Parent or Legal Guardian: _____
Witness: _____ Date: _____

(PLEASE FILL OUT BACKSIDE OF THIS CARD)

Dietary concerns (please circle those that apply):

Diabetic _____ Allergies _____ Lactose intolerant _____ Vegetarian _____
Other _____

Are there any home situations we should be aware of? Please explain:

Are there any behavior problems we might experience with your child? Please explain:

Any potentially serious behavioral side effects of any medications your child may be taking? Please explain.

HFS 175.13

MEDICATIONS: All medications brought to camp by a camper shall be in containers that are clearly labeled to include the name of the camper, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall, in addition, be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed. **Medications must be sent to camp in their original prescription bottles.**