

CAMP CHEATHAM HILL

CONTACT INFORMATION / MEDICAL AUTHORIZATION

Camper's Name _____ Parents' Names _____

Home Phone _____ Cell Phone _____

Work phone _____

Emergency Contact _____

Phone _____ Relationship _____

Medication Needed _____

What illness/condition is this medication intended for? _____

_____ Medication is to be self administered by student

_____ Medication is to be administered by CAMP personnel

Dosage _____

Special Instructions _____

I _____ give CAMP CHEATHAM HILL
(Parent name)
permission to administer first aid treatment to my child _____
(child name)
if needed or in case of an emergency.

(Signature of parent of guardian)

(Date)