

Plast Camp Emergency Home Contact Form

Camper's Name _____ Parent/Guardian's Name _____

Home Address _____

Phone (_____) _____ Phone (_____) _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (List in order of priority)

1. Name _____ Relationship to Camper _____

Day Phone (_____) _____ Evening Phone (_____) _____

2. Name _____ Relationship to Camper _____

Day Phone (_____) _____ Evening Phone (_____) _____

3. Name _____ Relationship to Camper _____

Day Phone (_____) _____ Evening Phone (_____) _____

If the above information should change, I will notify the camp in writing.

Signature of Parent or Guardian _____ Date _____



MEDICATION RELEASE

I give the camp nurse permission to dispense to my child, in their professional judgement specific over-the-counter medications, which have been approved for specific use by the camp physician. These medications will be administered only in the absence of serious medical problems, in which case a physician will always be consulted. A list of these medications and their uses can be reviewed at the camp infirmary. If my child has any perscription medication I will the review the use of the perscription with the camp nurse, and authorize the camp nurse to administer my child's medication.

Signature of Parent or Guardian _____ Date _____