



Summer Camp 2017

MEDICINE RELEASE FORM

Camper's Name: _____

I do hereby acknowledge the necessity of specific emergency health procedures for this student in the event he/she experience the following health concern during the day camp (*Identify health concerns/diagnosis*):

The following instructions are for the camp staff to follow in case of the specific health emergency happens, as described above (*List instructions & exceptions*):

I am fully aware that my child's condition is of such a serious nature that, if it occurs, there would be not be sufficient time to remove him/her from the camp premises or to await the arrival of medical help. I understand that TIM camp staff is NOT trained medical professionals. I hereby give my authorization and consent to TIM staff to give treatment as specified above to my child, and that signing this form shall release TIM staff from liability of any nature that might result from this plan of action:

Name of parent/guardian: _____

Signature: _____ Date: _____