

If your child takes **non-prescription {over-the-counter} medications** for such things as allergies, headache, menstrual cramps etc. medications will be kept with the Bellin College Summer Camp nurse or staff person until needed. We ask that you sign below and indicate by (✓) which medications we can administer to your child. **DO NOT send the following medications to camp with your child, as they will be supplied by the camp.**

I hereby authorize Bellin College camp staff to administer the following medications to my child.

Name of medication	Dose/Administration instructions	Reasons why medication is needed
Tylenol		
Ibuprofen		
Benadryl or antihistamine		

Signature of parent or guardian

Date signed

IV. Immunization dates:

*Immunizations required for camp participation

Covid-19: _____

Tetanus/diphtheria (Td) _____ MMR (measles, mumps, rubella) _____

V. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE

I hereby authorize Bellin College staff to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff itself to order any surgical or medical treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of _____

(If acceptable as stated, write "NONE" or leave blank) while my child is attending the Bellin College Summer Camp.

I authorize Bellin College Summer Camp staff to provide the following:

- Medical care will be given at the nearest facility when the student is participating in Bellin College Summer Camp activities.
- Bellin College Summer Camp can provide transportation as needed to attend camp and other activities.
- Bellin College Summer Camp staff can administer any medication as authorized by the parent or guardians while the student is participating at camp activities.

Signature of parent or guardian

Date

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the Bellin College Summer Camp Program.

Furthermore, as parent/guardian of a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the Bellin College Board of Trustees, Bellin Health and Bellin College, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp/clinic.

Participant name - please print

Signature of Parent/Guardian

Date

Address (if different than participant)