

In case of emergency If parents cannot be reached:

Name: _____ Phone: _____
Name: _____ Phone: _____

Date of last tetanus shot: _____

Tylenol and similar pain relievers, stomach antacids and other common over-the-counter drugs will be administered at the nurse's discretion. It is important that you list any allergies your child has!

Medication Allergies: _____

Food Allergies: _____

Other Allergies (bee stings, insects, etc.): _____

Medications, amounts, and dosage your child takes:

1. _____
2. _____

Remember: Medications must be in the original prescription bottle, clearly labeled with the child's name on it. The dosage schedule must be in writing. NOTHING WILL BE GIVEN OUT OF A ZIPLOC BAG!

Does your child have any medical conditions we should be aware of?

Physical activities your child should not participate in? _____

Can your child swim? _____

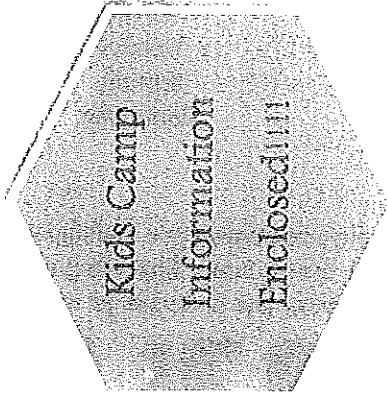
I authorize the Camp Nurse or Camp Director to act for me according to his/her best judgment in any emergency requiring medical or surgical care. I further understand that I am responsible for the cost of all medical care not covered by the camp medical insurance.

Parent's Signature: _____

Today's Date: _____

Send a copy of this entire form with check to:

Cynthia Edge
2 Lawrence Street
Lyman, SC 29365



Lyman Wesleyan Church
P.O. Box 216
Lyman, SC 29365

SC Wesleyan Kids Camp 2010 at Table Rock

Take it In Live it Out

