



Camp Sanders Kids Camp 2024  
Camper Medical Release Form & Permission Agreement  
Camper Info

Camper's Name: \_\_\_\_\_

Gender: Male / Female

Health Info

Please take note: All medications **MUST** be given to the camp nurse in original containers/prescription bottles at the time of registration for dispensing (campers **MAY NOT** dispense their own medications).

Medications being taken (including over-the-counter medications taken daily):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to medicine or food: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any known physical concerns (asthma, allergies, seizures, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any known behavioral concerns (ADD, ADHD, challenges at home, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can he or she be given Tums, Tylenol or other over-the-counter meds as suggested by the camp nurse? Yes / No

Other instructions:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Info

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_