SUMMER 2024
CAMP EMERGENCY/ MEDICAL
RELEASE FORMS

EMERGENCY/MEDICAL INFORMATION

CAMPER’S FULL NAME: __________________________________________ GOES BY _______________________

COUNTY IN WHICH CAMPER RESIDES ________________________________________________________

MOTHER’S NAME __________________________ CELL __________________________

FATHER’S NAME __________________________ CELL __________________________

GUARDIAN’S NAME __________________________ CELL __________________________

HOSPITAL PREFERENCE ________________________________________________________________

PRIMARY PHYSICIAN _________________________________________________________________

Phone #____________________________

INSURANCE INFORMATION

GROUP NUMBER________________________ MEMBER ID________________________

OVER THE COUNTER MEDS (Please provide and label with camper’s name)

Name of Medicine: ☐ Tylenol ☐ Ibuprofen ☐ Tums ☐ Other ___________ Dosage__________

PRESCRIPTION MEDICINE

Medicine Name: ___________________________ Dosage _______ Time to be administered ______

Medicine Name: ___________________________ Dosage _______ Time to be administered ______

Special instructions____________________________________________________________________

I, ____________________, give Cumberland Academy of Georgia permission to administer medication to my child. By signing this form I hereby release Cumberland Academy of Georgia from any liability associated with the medication identified. I also understand that only medications provided by a parent or guardian AND approved/document by a representative of Cumberland Academy of Georgia will be administered. Under no circumstance should my child carry medication of any kind in his/her possession. All medication must be kept in the front office and administered by a representative of Cumberland Academy of Georgia. No exceptions will be made.

In case of severe illness or injury, I hereby give permission for the administration at Cumberland Academy of Georgia to seek assistance from the person(s)/doctor above. However, if this is not feasible, the administration may use their discretion in rendering necessary emergency care for my child. In the event of an emergency I give permission for the school to call emergency medical personnel to transport the camper to the nearest medical facility and to authorize emergency medical treatment. I will assume full responsibility for all charges related to the above.

Parent or Guardian Name __________________________________ Date ________________________

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