



**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/documented 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 \_\_\_\_\_