



SUMMER 2021
**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.

Print Parent Name _____ Parent Signature _____ Date _____