



Permission to Treat Minors

Texas Health Department, ACA Health/Wellness Standards

Name of Event: _____ Dates: _____

This form must be completed by a parent/guardian of any minor under 18 on site and returned to camp nurse, healthcare personnel, or director of your camp or retreat program.

1. Will your child bring any medications to the camp? Yes _____ No _____ * Prescriptions must be in original labeled container.

If so, please list medications: _____

Carry EPI Pen/Inhaler? Yes No **Dr's. Note of medical necessity must be attached stating child may carry on his/her person.**

2. Nutrition Status: Check all that apply please:

My child has no food allergies.

My child is allergic to the foods listed here. (Check box if eating this food item triggers anaphylaxis for your child.)

a. _____ causes anaphylaxis b. _____ causes anaphylaxis c. _____ causes anaphylaxis

3. Yes No (Please check one). Over-the-counter medications, Benadryl, Tylenol, Pepto-Bismol, etc, may be given according to the Treatment Procedures on file in the nurses' station and in the camp office?

4. Are there any other allergies/reactions that the nurse/healthcare personnel should know of? _____

5. Are there any other medical conditions, restrictions or accommodations that the nurse/healthcare personnel should know of? _____

6. Insurance Provider _____ Phone: _____

Group Number: _____ Policy Number: _____ No Insurance.

Parents of minors will be notified in the following situations:

* When injury or illness requires treatment by a physician off-site

* When camper is in an emergency situation

* When camper has a fever of over 100 degrees

* When camper is repeatedly going to the camp nurse/healthcare personnel for the same symptoms, and the problem is disrupting the camp experience for the camper

I hereby give permission to the nurse or the medical personnel selected by the camp director or manager to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photo-copied for trips out of camp.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of Camp Gilmont, or his/her designee about my child's medical condition, treatment, and/or prognosis. We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

Camper Name	Address	Parent Signature	Date

Emergency Contact Number	Relationship to Camper	Alternate Emergency Contact	Relationship to Camper

Nurse/ Healthcare Personnel Notes:

Injury/Illness _____ Date _____ Time _____

Time Parent Notified _____ Parent's Response _____

Use space on the back of this form for additional notes from the Nurse/Healthcare Personnel.