

Teen Volunteer Medical Release

Last Name	First Name	Sex	Birthdate
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Street

City	State	Zip
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Home Phone:	School	Grade
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Emergency Contact	Phone
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Insurance Provider	Policy Number	Name of Policy Holder
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PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give the Royal Family Kids Camp Nurse/Medical Professional permission to administer the following products according to manufacturer's instructions, or as otherwise specified.

I trust the RFKC Nurse/Medical Professional to use their best judgment as situations arise, and if in doubt, they can call for verification.

Please check Y (yes) or N (no) for the medications listed below.

Y N	Y N	
Y N		
<input type="radio"/> O Sunblock	<input type="radio"/> O Antiseptic ointment	<input type="radio"/> O Cough drops
<input type="radio"/> O Insect repellent	<input type="radio"/> O Band-Aides	<input type="radio"/> O Decongestant
<input type="radio"/> O Lip Balm	<input type="radio"/> O Anti-itch cream	<input type="radio"/> O Antihistamine
<input type="radio"/> O Rash ointment	<input type="radio"/> O Hydrogen peroxide	<input type="radio"/> O Ipecac syrup
<input type="radio"/> O Tylenol	<input type="radio"/> O Cough syrup	<input type="radio"/> O Other _____

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Kids Camp or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family Kids camp as legal guardian/social worker/other. I give my permission for _____ to attend Royal Family Kids' Camp in the summer of _____ through **[church name]**, _____ Volunteer

Year

Authorized Signature	Printed Name	Date
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Relationship to volunteer