

Fairville Friends School, Inc.

SUMMER CAMP

EMERGENCY CONTACT INFORMATION

Child's Name _____ Birthday _____ / _____ / _____

Parent #1 _____ email _____

Cell Phone _____ Secondary Phone _____

Parent #2 _____ email _____

Cell Phone _____ Secondary Phone _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable) Person

#1 _____ Phone/s _____

Person#2 _____ Phone/s _____

My Child: may receive may not receive Benadryl (please circle one) Please provide appropriate dosage: _____ and child's weight: _____

Has your above-named child had Benadryl in the past? ___ Yes ___ No

Child's Usual Source of Medical Care

Name _____

Address _____

Phone _____

Child's Health Insurance

Insurance Carrier _____ ID# _____

Subscriber's Name _____

Special Conditions, Disabilities, Allergies, or Special Medical Information for Emergencies:

Written Consent is Given for the Items Below:

___ Emergency Medical Care ___ Administration of Prescription Medications, including Epinephrine (Physician's Current Instructions Must Be Provided)

Transport Arrangement in an Emergency Situation

If possible I prefer that my child be transported to _____; however, I understand that the decision is up to the Medical Command.

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person to act on my behalf until I am available. I agree to update this information whenever a change occurs.

Parent #1 Signature _____ Date _____

Parent #2 Signature _____ Date _____

AUTHORIZATION FOR THE ADMINISTRATION OF BENADRYL

I hereby certify that the preceding information is accurate. I release and hold harmless Fairville Friends School, its Board of Directors, the Quaker Care & Concerns Committee, and/or its employees for any responsibility for the benefits or consequences of the administration of Benadryl. I also acknowledge that the school & its employees shall bear no responsibility for ensuring that the medication is taken.

Initials of Parent or Guardian _____ Date _____