



# Medication Form

PLEASE PRINT CLEARLY

## Camper's Information

Name \_\_\_\_\_ Date \_\_\_\_\_

I authorize the Whitin Community Center's staff to administer \_\_\_\_\_  
to the above named camper. **Name of medication**

A dosage of \_\_\_\_\_ is to be given at \_\_\_\_\_ for \_\_\_\_\_  
**Dosage Amount** **Time(s)** **Day(s)**

Do you want the pill container returned?  Yes  No

## Parent/Guardian Information

Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Phone 3 \_\_\_\_\_ Email \_\_\_\_\_



# Self Dismissal Form

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## Camper's Information

Name \_\_\_\_\_ Date \_\_\_\_\_

I authorize the Whitin Community Center's summer camp counselor to let my child be able to sign him/herself out of camp.

As a parent/guardian, I am fully aware that my child will be unsupervised after the camp is over. At no time will I hold the Whitin Community Center liable for my child's whereabouts after camp is over. On behalf of the Whitin Community Center's summer staff, a child WILL NOT be released without this signed form.

## Parent/Guardian Information

Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Phone 3 \_\_\_\_\_ Email \_\_\_\_\_

Athletic Director \_\_\_\_\_



# Additional Emergency Contact Form

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## Additional Emergency Contact (In case parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_