



## EUREKA CAMP '11 REGISTERED CAMPERS

PLEASE READ AND SIGN WHERE INDICATED

1. OUT TRIP PERMISSION
2. SWIMMING PERMISSION
3. PICKING UP YOUR CAMPER
4. NON PRESCRIPTION MEDICATION
5. PRESCRIPTION INFORMATION

Please review this booklet, sign where indicated and return to the office or bring it with you on the first day of camp. It will not be possible for your camper to participate in activities if the booklet is not completed and handed in.

Camper's Name \_\_\_\_\_

### 1. OUT TRIP PERMISSION

Camp activities are planned in advance. We include some time off site, in order for the children and particularly the adolescents to practice their team building and camp craft skills. Out Trips are often the highlight of your camper's experience. We would like to ensure that you are aware that your camper may be off site some time during his/her stay. Your signature is required for your child to take part in Out Trip activities.

I hereby give permission for \_\_\_\_\_ to participate in Out Trip activities.  
Camper's Name



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### VISITORS

There may be persons that you do not want to have access to your camper. If this is the case, please note their names below and we will be authorized to block access to your camper by that person if necessary.

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# EUREKA CAMP '11 REGISTERED CAMPERS (CONTINUED)

## 2. SWIMMING PERMISSION

Swimming is part of our program for camp this year. The information below will enable us to support your camper's goals for swimming. Please circle A or B below:

A Non swimmer: I have concerns about my child in the water which are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B Swimmer
1. Beginner
  2. Intermediate
  3. Comfortable in deep water

Swimming Level Completed: \_\_\_\_\_ Date completed \_\_\_\_\_

**NOTE:** For safety purposes, all participants will be evaluated prior to the start of our swimming program regardless of stated ability.

I hereby give permission for \_\_\_\_\_ to participate in swimming activities.  
Camper's Name



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## 3. DROPPING OFF/PICKING UP YOUR CAMPER

It is expected that the person who brings your camper will be the one to pick him/her up at the end of camp. However, if you know that you will be sending someone else either to drop off or pick up your camper, please indicate their name and telephone number below

- I will be dropping off and picking up my camper

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship to Camper

- I hereby authorize the person named below to  PICK UP  DROP OFF my camper:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship to Camper

Please note that you or your designate will be asked for your signature and may be asked to show identification before being able to leave with your camper.



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# EUREKA CAMP '11 REGISTERED CAMPERS (CONTINUED)

## 4. NON PRESCRIPTION MEDICATION

**MEDICAL INFORMATION:** If an emergency arises whereby the medical personnel judge that the use of medication is required in order to preserve the life of the camper and contact with a physician or parent/caregiver is not immediately possible, the medication will be administered without consent, ie. Epinephrine may be needed immediately in cases of severe allergic reaction.

### NON PRESCRIPTION MEDICATION:

Non prescription medication given to a camper will be recorded and records are available for viewing at any time. Listed below are the non prescription medications that may be administered to your camper if required. Please indicate your permission/refusal in the space provided. The medication will be given only when necessary and should symptoms persist the camper will receive medical attention from a physician.

Please check all allowable non-prescription medication:

- TYLENOL (ACETAMINOPHEN)
- BENADRYL (ANTIHISTAMINE)
- ANTIBIOTIC CREAM (MINOR BURNS/SCRAPES)
- CALAMINE LOTION (INSECT BITES)
- BENYLIN (COUGH/COLD MEDICATION)



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## 5. PRESCRIPTION INFORMATION

### BLISTER PACKED PLEASE

I hereby give permission for the staff of Eureka Camp Staff or its designate to administer the medications listed below to: \_\_\_\_\_

Camper's Name

Name of medication	Time	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Please ensure that your instructions match with those on the prescription containers. In the event of a mismatch, the instructions on the pack will be followed.**

Please list below any known allergies including food, insect stings and medication allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EUREKA CAMP '11 REGISTERED CAMPERS (CONTINUED)

## CAMPER PICK UP

On the last day of camp you will be asked to sign below that you have picked up your camper.  
**Do not sign this until then.**

I hereby declare that I have picked up \_\_\_\_\_.  
Camper's Name



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date