



SALEM ACRES BIBLE CAMP MEDICAL AUTHORIZATION FORM

This Authorization is for:

Name of Participant: _____ Alberta Health Card #: _____

Camp(s) Attending: _____ Date: _____ (mm/dd/yr)

Camp(s) Attending: _____ Date: _____ (mm/dd/yr)

Camp(s) Attending: _____ Date: _____ (mm/dd/yr)

OR

On Site From: _____ (mm/dd/yr) to _____ (mm/dd/yr)

Y/N Has any medical information provided in the online registration form changed for the above participant since it was submitted?

If Yes – Please provide details.

MEDICATION:

ALL MEDICATION IS TO BE IN THE ORIGINAL PACKAGING, AND PLACED IN A RE-SEALABLE BAG WITH THIS FORM AND GIVEN TO THE CAMP FIRST-AIDER. Medication of any kind is NOT permitted to stay with a participant while they are at Salem Acres. ALL MEDICATION IS TO BE PICKED UP FROM THE FIRST-AIDER by the participant (or a parent/guardian if the participant is a minor) on the last day of camp.

PRESCRIPTION MEDICATION: If any prescription medication is taken on a regular or semi-regular basis, the parent/guardian is responsible for ensuring that it is sent in the original prescription packaging in a re-sealable bag, with the this form.

Y/N Are you sending any prescription medication with the above participant?

If Yes – Please list these prescription medication(s) below.



OVER-THE-COUNTER MEDICATION: We do not stock over-the-counter medication for minors. Please provide any medications (including Tylenol, Ibuprofen, Antihistamines etc) for the participant that you anticipate they may need while at camp in a re-sealable bag with this form.

Y/N Do you permit SALEM ACRES BIBLE CAMP, any staff in charge, or their designate, to give over-the-counter medication to the above participant?

If Yes – Please provide a list of any over-the-counter medication you have included with this form.

I hereby authorize SALEM ACRES BIBLE CAMP, any staff in charge, or their designate, to give medical attention or make arrangements for necessary medical attention for the above participant in the case of any illness or injury. If such medical attention is required, every effort will be made to notify the parent/guardian (if the participant is a minor) or another emergency contact person as indicated in the registration form. This form must be signed by a parent or guardian, if the participant is a minor.

Parent/Guardian Name: _____ Date: _____

(mm/dd/yyyy)

Parent/Guardian Signature: _____