

Skyline Christian Youth Camp – Medical Disclosure Form

Camper Name:

Age:

Parent/Guardian Name:

Parent/Guardian Phone:

Medical Conditions:

Allergies:

Medications (Name / Dosage / Time):

Medication & Medical Disclosure

I understand that all medications must be turned in to and administered by the Skyline Christian Youth Camp nurse or designated medical personnel. I authorize the administration of my child's medication as provided and instructed.

I certify that I have fully disclosed all medical conditions, allergies, and medication needs for my child, including chronic conditions such as diabetes.

I understand that camp medical personnel rely on the information I provide and are not responsible for issues arising from undisclosed or inaccurate information, missing medication or instructions, or conditions existing prior to arrival.

For campers requiring ongoing medical management, including diabetes, I acknowledge that the camp does not provide continuous or individualized medical supervision beyond medication administration and routine observation.

In the event of a medical emergency, I authorize camp staff to obtain emergency medical treatment, including transportation if necessary.

I certify that my child will arrive at camp medically stable and fit to participate.

Parent/Guardian Signature:

Date:

Over-the-Counter (OTC) Medication Authorization

Check ONE box only.

I authorize the camp nurse or designated medical personnel to administer standard OTC medications as needed according to manufacturer label directions, without prior parent notification.

I do NOT authorize the administration of over-the-counter medications without first contacting me for approval.

Parent/Guardian Signature:

Date:

Nurse Verification (For Camp Use Only)

Medical form reviewed

Medications received and secured (if applicable)

OTC authorization choice verified

Notes: _____

Nurse Initials: _____ Date: _____