

SCHOOL NAME: _____ Dates Attending: _____ Student _____ Cabin Leader _____ Teacher _____

HEARTLAND EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION FORM

Camper's First Name: _____ Last Name: _____ Date of Birth: _____ Age: _____ Gender _____
 Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____
 Emergency Contact 1 Name: _____ Relation: _____ Phone: _____
 Emergency Contact 2 Name: _____ Relation: _____ Phone: _____
 Emergency Contact 3 Name: _____ Relation: _____ Phone: _____
 Parent/ Guardian Email Address: _____
 Medical Insurance Company: _____ Policy Number: _____

Please do not send over-the-counter medications unless it is something very specific (i.e. Zyrtec, Claritin, etc.)
Heartland provides many generic over-the-counter medications a student might need during their stay at camp. We will provide Tylenol, Advil, Benadryl, Tums etc.

Due to Federal and State Law ALL medications must be current/not expired with the current prescription label, be in the name of the person taking the medication, and in their original bottle (prescriptions in the prescription bottle, supplements in their original bottle). All medication will be given according to the dosing instructions. If they have changed, we must have a note with the changes and the doctor's signature. We cannot give a medication unless it meets the criteria listed above.

Please list any medications that your child will be taking while at camp. Please send only the amount of medication needed for the camp trip.

Name Of Medication	Dose	Reason for Medication	Dosing Time(s)

I give permission for my child to self-carry their emergency medication(s): **Yes** ___ **NO** ___ (If yes, please fill out and send a self-carry permission form)

Recent Health History (please check if applicable)

___ Convulsions/Seizures ___ Bedwetting ___ Diabetes
 ___ Bleeding/Clotting disorders ___ Sleepwalking ___ Asthma

Other potential health problems (please list)

Allergies (please check if applicable)

___ Bee stings ___ Allergies to medication (please list) _____

FOOD ALLERGIES AND RESTRICTIONS (please list) _____

CAMPER'S FIRST NAME: _____

LAST NAME: _____

SCHOOL NAME: _____

Additional Notes:

I agree to the following in the event that my child will need to take medication (OTC or prescription) while at camp:

___ All medications being sent to camp will be current/not expired.

___ All OTC medications/supplements are dosed appropriately for the age of the child attending camp.

___ All prescription medications will have a current prescription label or prescription note signed by the physician.

REQUIRED FOR EACH YOUTH CAMPER: I HEREBY GIVE PERMISSION TO HEARTLAND, LICENSED BY THE STATE OF OHIO AND MORROW COUNTY, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT. ALSO TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL CARE FOR THE MINOR CHILD NAMED ABOVE WHILE ATTENDING CAMP. I RELEASE ALL PHOTOS, VIDEO AND AUDIO TAPES OF MY CHILD TO HEARTLAND FOR PROMOTIONAL PURPOSES SUCH AS BROCHURES, VIDEO, WEB PAGES, ETC. I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ACTIVITIES INCLUDED IN THE OUTDOOR ENVIRONMENTAL EDUCATION EXPERIENCE AND ACCEPT ANY RISKS INVOLVED IN HIS OR HER PARTICIPATION AS WELL AS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY OR LOSS SUSTAINED DURING THE ACTIVITIES AND HOLD HEARTLAND OUTDOOR ENVIRONMENTAL SCHOOL HARMLESS FOR SUCH INJURY OR LOSS ARISING DIRECTLY OR INDIRECTLY FROM SAID ACTIVITIES.

I certify that this information is true to the best of my knowledge.

Parent or Legal Guardian Signature