Respect for Law Camp

Consent for Medical Treatment / Dispensing of Medication

Platoon: _____

I, _____, being the legal parent or guardian of _____
(Parent / Guardian) (camper)

do grant my permission to the leaders of the above camp to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by a camp leader, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named camp and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to policies and guidelines. I understand that every effort will be made to contact me in case of a medical emergency; however, if I cannot be contacted, I grant permission to the leaders to seek appropriate medical treatment which I will be financially responsible for.

Further, I do grant my permission for the leaders to dispense the below medication(s) to my child as prescribed or as needed.

Please list any medication that your child is taking, the dosage, and times to be administered below:

Name of Medication	Amount/Dosage	Time(s) go be given	Other Information

Over-the-Counter Medication (check dosage and time **ONLY** if giving permission –*Generics may be substituted*):

Tylenol	☐1	☐ 2	☐every 4-6 hours as needed	☐Other: _____
Ibuprofen	☐1	☐ 2	☐every 4-6 hours as needed	☐Other: _____
Benadryl	☐1	☐ 2	☐every 4-6 hours as needed	☐Other: _____
Pepto-Bismol	☐2	☐ 4	☐every hour as needed	☐Other: _____

Signed: _____ Date: _____
(Parent / Guardian)

Camp Medical Staff Witness: _____

Phone Numbers for Emergency Contact:

Contact	Home Phone#	Cell Phone#	Other #1	Other#2

Note: The word **leader above includes members of the Fort Myers Police Department, members of the Optimist International Clubs of Southwest Florida, and duly licensed E.M.T.s and Paramedics on staff at the camp.*