

## MEDICAL RELEASE FORM

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_  
(hereinafter "my child") who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. My child is attending and participating in activities at the Gasconade Valley Baptist Association Summer Camp located at the Gasconade Valley Baptist Camp, Bland, Missouri, beginning the day of June 28, 2026 and ending the day of July 2, 2026.

I hereby authorize the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this camp into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at the camp to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Camp Director and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this camp.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Camp leaders/directors (circle one) **MAY** or **MAY NOT** administer Tylenol to my child if needed.

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

\_\_\_\_\_  
Date

### MEDICATION ADMINISTRATION POLICY

- All prescription medication must have the label attached by the pharmacist/physician and will include on the container: camper's name, name of medication, dosage, and physician's name. We will not dispense medication that is not in the original container.
- All non-prescription "over the counter" medication should be sent in the original container with the written request from the parent to administer. (Including such medications as Tylenol, Ibuprofen, etc.)
  - Only enough medication to cover the days your child will be at the camp should be sent.

**I have read and understand the Medication Administration Policy \_\_\_\_\_ (Parent/Guardian Initials)**