



Camp Jubilee

2024 Physician's Release & Parental Consent

Completed form can either be uploaded directly to the camper account or mailed to the summer camp office:
Camp Jubilee, PO Box 994, Beaufort, SC 29901

Submission deadline is April 1, 2024 (late fees will apply if submissions are late).

Part A Completed by Parent, Part B Completed by Physician

Part A: To be completed by Parent

Camper Last Name	Camper First Name		Camper Middle Name
Date of Birth	Age	M/F	Summer Camp Session Attending

Reasonable precaution is exercised to ensure that Camp Jubilee is a safe place for your child. It is possible though, that illnesses or accidents requiring medical treatment may occur. In the event that a child becomes ill or is injured, staff will act in accordance with the camp physician's "Standing Medical Orders" and the information provided on the Medical Form. If the situation warrants referral to a licensed physician or medical facility for further evaluation and treatment, we will attempt to contact the parent/guardian. If we are unable to contact the parent/guardian prior to necessary treatment, they will be notified as soon as possible after evaluation and treatment are completed. I authorize the physician selected by Camp Jubilee to secure and administer treatment, including hospitalization for _____ (**Camper's Name**) if I cannot be reached in an emergency. I further authorize the Executive Director of Camp Jubilee, or his agent, to consent to any x-ray or treatment necessary for my child. I understand and accept that I will be billed directly by the providers of any medical treatment given and acknowledge financial responsibility for those bills. This form may be copied as necessary to provide medical care. I give permission for my child to participate in all camp activities, except those noted on this form. Unless I inform the camp otherwise in writing, I consent to photographs and interviews of my child that may be published to illustrate and promote Camp Jubilee/The Anglican Diocese of South Carolina. I furthermore waive and release Camp Jubilee, The Anglican Diocese of South Carolina, Camp Kinard, Awanita Valley from any claim for personal injury or property damage.

Parent's Signature: _____ **Date:** _____

Parent's Printed Name: _____ **Parents's Phone Number:** _____

**Parents, please remember to complete the "Online Medical Form" in addition to completing this form. See details in registration confirmation email you received at the time you registered your camper. **

Part B: To be completed by Physician

The following medications may be administered to this child, if needed, while at camp:

Drug Name:	Yes	No
Acetaminophen (active ingredient in Tylenol) per label instructions		
Ibuprofen (active ingredient in Advil) per label instructions		
Diphenhydramine HCl (active ingredient in Benadryl) per label instructions		
Calcium carbonate, antacids (active ingredient in Tums) per label instructions		
Guaifenesin (active ingredient in Robitussin) per label instructions		
Cetirizine HCl (active ingredient in Zyrtec) per label instructions		

(OVER)

List child's prescription medications and/or other over the counter medications to be administered while at camp:

Medication Name:	Strength/Dosage/How Many:	Time of Day Given:	Reason/Notes:

If the camper receives care or takes medications for emotional, learning and/or psychological concerns, please provide background information on the back of this form so we might work effectively with him/her.

I have examined _____ (Camper's Name) on/or after August 1, 2023, and have found him/her free of communicable diseases and release him/her to participate in all summer camp activities except those listed on the reverse of this form.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____ Physician's Phone Number: _____

Medication Administration Policies- 2024

- ALL medications, prescription & over-the-counter, require a physician's authorization.
- Prescription and over-the-counter medications must be in the original containers with pharmacy label attached. Only send the number of tablets your child will need. Please do not send full bottles.
- Over-the-counter medications must be in their original container and labeled with the camper's name.
- Each medication container must include only the medication indicated on the label.
- The first dose of a medication that a child has not taken before should be given at home so the child can be monitored closely for hypersensitivity and side effects.

Medications not in original containers or packaging WILL NOT be given.

Medications will only be administered according to the directions on the label.

For camp sessions with morning closing ceremonies, campers will not receive their morning medications.