

BJU DAY CAMP PERMISSION FORM

Camper's Name _____ (First, Middle, & Last)

1. I hereby give permission to the staff at the University Day Camp to administer first aid as deemed necessary in case of an injury or illness to the above-mentioned child. This permission also includes calling the campus Emergency Medical Technicians and transporting the child to the medical facility of their choice via ambulance, if necessary.

Name of family doctor: _____

2. I hereby give permission to the staff at University Day Camp to administer prescription drugs delivered to the Day Camp in original containers. These drugs will be given only according to the directions on the container and only to the child whose name appears on the container instructions.
3. The Day Camp Staff may also administer non-prescription drugs according to written permission and instructions of the parent or legal guardian.

It is my understanding that Day Camp will record any medicine administered to my child and that no medicine will be administered without written permission, except Tylenol or Pepto-Bismol.

4. I hereby give my permission for my child to ride in university-supplied transportation for any field trips Day Camp may take. I understand only drivers with their CDL (Commercial Driver's License) will be driving the vehicles, and these vehicles will be operated in as safe a manner as is possible.

Signature of parent or legal guardian

Date

This form is to be filled out annually.