

BJU DAY CAMP PERMISSION FORM

Camper's Name (First, Middle, Last)

I give my permission for BJU University Day Camp staff to ...

1. ...administer **first aid** to my child as deemed necessary in case of injury or illness. This permission includes calling BJU campus security, calling a local EMS provider, and transporting the child to a medical facility if deemed necessary.

Name of family doctor: _____
2. ...administer **prescription drugs** delivered to the Day Camp in original containers. These drugs will be given according to the directions on the container and only to the child whose name appears on the container instructions.
3. ...administer **non-prescription drugs** according to my written permission and instructions.
4. ...administer the **following medicine** if needed without prior permission: Tylenol, Ibuprofen, Benadryl, Bee sting stick, and Antibiotic cream.
5. ...**transport** my child in BJU University transportation for any off-campus field trips that Day Camp may take. I understand that only drivers with their Commercial Driver's License will be driving the vehicles, and that these vehicles will be operated safely.

Signature of parent or legal guardian

Date

This form is to be filled out annually.

Each child must have an individual form