

## **Medical Release for Camp Sensation**

**Camp Dates: August 11, 12, 13, 14, 2025**

There will be a nurse and/or EMT on duty for any emergency that may arise at Camp Sensation.

By signing below, I give permission for the treatment and/or admission of my minor child,  
\_\_\_\_\_, if it becomes medically necessary while they are at the camp.  
*camper's name*

In case of emergency, I can be reached at...

Phone number(s): \_\_\_\_\_ or \_\_\_\_\_

If I am unavailable, please contact the following adult in case of emergency...

Name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ or \_\_\_\_\_

Please list any allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My child will be coming with the following medications (include dosage):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I give you permission to administer the medications above if need be.

Print name of parent or guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

*Parent or Guardian*

Date: \_\_\_\_\_