

## Medical Related Exclusions, Request for Administration of Medications and Proof of Insurance

Name of Child

Home Address

Phone

First Day of Camp

**Exclusion of Activities: Please note, exclusions must be written only for medical reasons.**

I would like my child excluded from the following activities:

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

**Request for Administration of Medication: Please note, only medications listed on the  
"Request for Administration of Medication" form.**

\_\_\_\_\_ I grant the Day Camp Staff to administer previously listed medications, and for the medications to be stored on site in the camp medical bag.

\_\_\_\_\_ I do not grant the Day Camp Staff to administer previously listed medications, or for the medications to be stored on site in the camp medical bag. Medications will be administered before and after camp by child's parent/legal guardian.

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

Provider

Policy/Group Number

Name Covered on Policy

Phone

Address

Child is not covered on personal insurance.

**Proof of Insurance**

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