



Supplemental Medical Form

Student Name			
DOB (mm/dd/yy)	/	/	Grade

Please check all that may be administered to your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol Swabs | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Digital Thermometer |
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Anti-itch Ointment | <input type="checkbox"/> Tums (Indigestion) |
| <input type="checkbox"/> Ice Pack | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Personal Epi-Pen (If applicable) |

NJ Promise Summer Camp will not provide oral medications such as Ibuprofen and Acetaminophen

Please complete the following items, as appropriate:

Allergies / Medical conditions:
Medications currently being taken by your child:
Signs/symptoms to look for:
If signs/symptoms appear, do this:

Medical Release and Authorization

In the event of sickness or accident, I expect to be contacted. However, if I cannot be reached, I, the undersigned, hereby give my consent for the attending camp staff to provide emergency care and/or treatment for my child through a clinic, hospital or private doctor. I give my express consent for x-rays, if the attending physician feels it is advisable or necessary. I also agree to be responsible for the costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. I also give my consent for emergency first aid to be administered to my child by the camp staff. I understand for an accident involving a more serious injury, the Fire Department ambulance may be called and my child may be taken to the nearest hospital for treatment.

If your child becomes ill at school and the school nurse feels your child is too sick to benefit from school or is contagious to other children, I understand that I will be called to come and take him/her home from camp.

I have read this release and permission and approve of its terms.

Parent/Guardian Name (보호자 성명): _____

Parent/Guardian Signature (보호자 서명): _____

Date (날짜): _____