



**Parent's Authorization**

To the best of my knowledge all information provided by me is correct, accurate and complete. The person herein described has my full permission to participate in camp activities except as indicated. In the event of illness or injury in the course of such activity, I give my permission for routine medical care and administration of medication both prescription and over the counter. I give permission for medical measures to be instituted without delay as the judgment of medical personnel dictates. I give permission to release any records necessary for insurance purposes directly to Camp Cherith.

Parent/Guardian (signature required) \_\_\_\_\_ Date \_\_\_\_\_

**Medical Provider's Instructions/Signature  
(required only if on prescription medication)**

**Recommendations & restrictions while at camp:**

Special Diet \_\_\_\_\_  
\_\_\_\_\_

Strenuous Activity \_\_\_\_\_  
\_\_\_\_\_

Water Activity \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescribed Medication (name, dosage, and reason for taking)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Medical Provider's Signature & Title)

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number Date

Exam not required. You may just bring health form to your clinic for instructions and signature of prescription medication provider.