

POKAGON BAND OF POTAWATOMI INDIANS
Kë Gbéshmen
MEDICAL INFORMATION AND AUTHORIZATION FORM
(Parent Must Sign)
CONFIDENTIAL

If the below-identified minor (“Camper”) needs medication during the Camp, the parent, guardian, or custodian (“Parent”) **MUST** personally deliver all medication **in the original prescription container** to the Health Officer. **DO NOT** send medication with the Camper.

The Parent authorizes the Health Officer to administer to the Camper: (1) all medication provided by the Parent to the Health Officer (“Medication”) in accordance with the prescription; and (2) the following non-prescription, over-the-counter medication (“OTC Medication”) (*See* Section 5.5 of the Camp Manual regarding Camper medication and Appendix B, Standing Orders to the Camp Manual regarding OTC Medication).

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol ®)
<input type="checkbox"/> Ibuprofen (Advil ®, Motrin ®)
<input type="checkbox"/> Sting Relief Pad ™ (Contains 2% Lidocaine) | <input type="checkbox"/> Calcium Carbonate (Tums ®)
<input type="checkbox"/> Diphenhydramine (Benadryl ®)
<input type="checkbox"/> Other: _____ |
|---|---|

Camper’s Name

Camper’s Date of Birth

Medication and dosing instructions: _____

Possible side effects from Medication: _____

Surgeries and serious injuries, including date(s): _____

Current illnesses or conditions (*medical and behavioral health*): _____

Known allergies: _____

Dietary restrictions: _____

NOTE: If additional space is required above, then attach additional sheets.

Physician

Camper's Primary Physician

Primary Physician's Phone #

Insurance

Insurance Carrier

Group #

Insurance Enrollee's Name

Enrollee's ID #

Contact Information

Camper's Parent

Parent's Phone #

Emergency Contact

Emergency Contact's Phone #

The undersigned Parent: (a) certifies that he or she is the parent, guardian, or custodian of the Camper, is authorized to sign this Form in such capacity, and that all information contained in this Form is complete, true, and accurate; (b) acknowledges that the Parent shall be solely responsible for informing Health Officer of any changes regarding dispensing or administering the Medication; (c) consents to the Camper receiving any treatment and medical care in the event of any illness, injury, or medical emergency suffered by the Camper in connection with the Camp (the procedures relating to any such treatment or medical care are set forth in the Camp Manual and Appendix B, Standing Orders to the Camp Manual); (d) consents to Camp Staff arranging for the Camper to receive immediate medical care, including without limitation, by or through a medical facility, in life-threatening situations; (e) consents to the Camper being transported to a medical facility by Camp vehicle or emergency services, as appropriate; and (f) agrees that other than for the services of the Health Officer provided at the Campsite, the Band shall not be responsible for any costs or expenses arising from the provision of any treatment or medical care, including for any emergency services.

This Form may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The Parent may execute this Form by electronic signature, and this Form may be kept in electronic form, which shall have the same legal effect, validity, and enforceability as a manually executed signature or the use of a paper-based recordkeeping system.

Parent's Signature

Print Parent's Name

Date

Print Camper's Name

Camper's Date of Birth