

CAMP HOLY CROSS 2012 – OTC AUTHORIZATION

Dear Parent or Guardian. Please fill in the following information and return to camp along with the four page Health History Form. This information is important in case of mild illness or emergency during camp.

**Must complete one form per camper.**

Birthdate \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

If parent cannot be reached in an emergency, names of responsible adults to call who may pick up your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Has student been seen by his/her physician in the last two years? \_\_\_\_\_ Date \_\_\_\_\_

Allergies:

I hereby authorize you to call my family physician if I cannot be reached and such a call is necessary.

Child's Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Submit Copy of Insurance Card (Front & Back)

I give permission to have the camp nurse or delegate (if applicable) to administer the following:  
(Doses determined by age and weight)

- |                              |                      |                    |                       |
|------------------------------|----------------------|--------------------|-----------------------|
| ◇ All of the following       | ◇ Benadryl           | ◇ Sunscreen        | ◇ Bacitracin Ointment |
| ◇ None of the following      | ◇ Tums               | ◇ Cough Drops      | ◇ Benadryl Cream      |
| ◇ Acetaminophen<br>(Tylenol) | ◇ Ibuprophen (Advil) | ◇ Insect Repellent | ◇ Insect Bite Swab    |

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_