

**Advent Lutheran Church  
Medical Form**

**Child's Name:** \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Mother's Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

OR

Legal Guardian: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Phone # \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

Friendly Acres Staff will provide 200mg Tylenol gelcaps for any student who may need them. If your child requires a special dosage or type of Tylenol (liquid form, chewables) YOU must provide them. If your child requires Motrin or some other pain reliever other than Tylenol, YOU must also provide for their needs.

**I grant permission for 200mg Tylenol gelcaps to be given to my child as needed.** Yes No

**My child requires a different pain reliever \_\_\_\_\_ that I will provide in a**  
(Please insert medication name and dosage)  
**container labeled with my child's name, medication name and dosage required.**

**Is your child under a physician's care for any of the following?**

Diabetes Epilepsy Asthma Kidney Disease Other \_\_\_\_\_

**Are you providing any medication(s), other than a pain reliever, your child will need for their stay at the camp?** Yes No

**Please list name of medication(s) and dosage(s) on the back of this form.**

Please list the **name of the person who will assume temporary care of your child** if you cannot be reached:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Known allergies of your child: \_\_\_\_\_

Allergies to any medicine: \_\_\_\_\_

Allergy to any food: \_\_\_\_\_

If your child has any other special needs in regard to his/her health not covered above, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This information will be treated as confidential and only necessary personnel will have access to it.  
This medical form will be destroyed at the end of camp.*

**OVER**→

Medication Name	Dosage	Time Given
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This form grants permission for \_\_\_\_\_ to participate in activities developed or coordinated by the Friendly Acres Staff of Advent Lutheran Church. By your signature below you agree to indemnify and hold harmless Advent Lutheran Church and each of their officers, employees, leadership, and volunteers from any and all liability and expenses with respect to claims for all damages or losses that may be asserted by their participation in all activities provided by the Friendly Acres Staff of Advent Lutheran Church.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

*Notes (for use by staff only):*