



“All the Fun of Summer Camp in a Fraction of the Time”

**4th ANNUAL CAMP GEORGE OVERNIGHT
OCTOBER 15-16, 2010**

PERMISSION SLIP AND MEDICAL RELEASE FORM

Congregation/School: _____ **Grade:** _____

I give permission for my child, _____ (first & last names) to attend the Overnight at URJ Camp George in Parry Sound, Ontario, from October 15th-16th, 2010. I hereby give permission to the camp to provide routine health care and administer prescribed medications (as listed below). In case of medical and/or surgical emergency, I hereby give permission to the physicians selected by URJ Camp George to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. I hereby release the camp and its employees and agents from any claim or liability with respect to the same.

Date _____ Parent/ Guardian Name (printed) _____ Signature _____

Child's Name _____ Health Card _____

Address _____
Street _____ City _____ Postal _____

Telephone (H) _____ Cell _____

Emergency Telephone _____
(other than parent) Name _____ Telephone _____

Email: _____

MEDICATIONS

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Please provide your Temple's chaperones with the medications at the buses. All medications should identify clearly the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

____ This person takes NO medication on a routine basis.

____ This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific time(s) taken _____

Reason for taking: _____

Med # 2 _____ Dosage _____ Specific time(s) taken _____

Reason for taking: _____

Any allergies or medical problems: _____

Additional Information that the Camp should know: _____

Vegetarian? (Please circle one) Yes _____ No _____ Other Special Dietary Needs? _____