



# CAMP SERTOMA

P.O. Box 2832 • Baxter, Minnesota 56425 • 218-828-2344 • Fax 218-828-2618  
Website: [www.campconfidence.com](http://www.campconfidence.com) • E-mail: [sertoma@campconfidence.com](mailto:sertoma@campconfidence.com)

I (parent or legal guardian) \_\_\_\_\_ give Camp Sertoma  
permission to release (camper's name) \_\_\_\_\_ to  
(drivers name) \_\_\_\_\_ for transportation  
purposes on the date of \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_





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## Authorization for the Administration of Non- Prescription Medication

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Allergies \_\_\_\_\_

July 10-15, 2011 \_\_\_\_\_

July 17-22, 2011 \_\_\_\_\_

### To Authorize Camp Personnel:

I hereby request and authorize you to administer the following medications for headaches, fever, upset stomach, cough, skin irritation, insect bites, and sunburn.

- \_\_\_\_\_ Tylenol
- \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Tums Antacid
- \_\_\_\_\_ Solocaine(sunburn spray)
- \_\_\_\_\_ Benzocaine (insect bite spray)
- \_\_\_\_\_ Caldryl (poison ivy lotion)
- \_\_\_\_\_ Cough Syrup
- \_\_\_\_\_ Cough Drops
- \_\_\_\_\_ Pepto-Bismol
- \_\_\_\_\_ Benadryl (antihistamine)

Parent(s)/ Guardian(s) Signature \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Pager/ Cell Phone \_\_\_\_\_