



PERMISSION AND WAIVER FORM

PERMISSION TO TREAT AND TRANSPORTATION AUTHORIZATION

I hereby give permission to Camp SUMA to provide routine health care, over the counter medications, administer prescribed medications and seek emergency medical treatment including the ordering of x-ray's and routine test. I give permission to the above named camp to arrange necessary medical related transportation for my child. Examples of over the counter medications used, but not limited to:

Benadryl	anti-diarrhea	Acetaminophen	Sting-Eze
Neosporin	cold compress	Betadine	Iodine

Please list any medicines that may *NOT* be given:

PERMISSION TO USE NAME OR PICTURE

I hereby give permission for my child to be photographed during activities and group picture and also the permission to use or distribute such photographs and identification in publications such as newsletters, web site, and bible covers.

CAMPER NAME: _____
(PLEASE PRINT)

PARENT(S) NAME(S): _____ DATE: _____

I *DO NOT* WISH FOR MY CHILD'S PICTURE TO BE TAKEN OR USED IN PUBLICATIONS: (Do not fill out this section unless you do not want your child's picture taken)

CAMPER NAME: _____
(PLEASE PRINT)

PARENT(S) NAME(S): _____ DATE: _____