

Metro New York District Church of the Nazarene Summer Camps  
Permission Slip for Photographing your child(ren)

From time to time we take photographs during camp activities. We would like your permission to use these photographs on our website, in our newsletter, on our social media sites or in a DVD presentation for advertising summer camps to the local church. *We will never reference your child by name or provide any specific information regarding your child.* Please take a moment to let us know your preferences regarding our use of your child's photo.

YES, I grant you permission to use photos of my child on Metro NY District Church of the Nazarene websites, social media sites and DVD's.

OR

NO, please do not or use any photos of my child.

Child(ren)'s Names: Please Print

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Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

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

**MEDICAL FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

The following form must be completed and signed by the child's physician. If the child will be taking any prescription medication while at camp, the doctor must also complete the bottom section of this form. Only Camp RN's are permitted to dispense medications ordered below by health care provider.

PRESCRIPTION MEDICATIONS (please complete with the patient's current regimen for both scheduled and PRN medications)

DRUG NAME	ROUTE	DOSAGE AND SCHEDULE	INDICATIONS	COMMENTS

ADDITIONAL ORDERS (as deemed necessary by health care provider to be implemented by an RN):  
 \_\_\_\_\_  
 \_\_\_\_\_

PRN MEDICATIONS (The following meds are available in the infirmary and will be administered at the discretion of an RN, if approval is indicated by the camper's healthcare provider. If approval is not given the RN cannot give these medications to your child.)

DRUG NAME	ROUTE	DOSAGE AND SCHEDULE	INDICATIONS	CAMPER HEALTH CARE PROVIDER ORDER	COMMENTS
Acetaminophen	PO	Per label	Pain or Fever	Yes No	
Ibuprofen	PO	Per label instructions	Pain or Fever	Yes No	
Dextromethorphan	PO	Per label instructions	Cough	Yes No	
Kaopectate	PO	Per label	Diarrhea	Yes No	
Calcium Carbonate Antacid	PO	Per label instructions	Upset stomach	Yes No	
Chlorpheniramine Chlortrimeton	PO	Per label instructions	Seasonal allergy symptoms	Yes No	
Pseudoephedrine HCL	PO	Per label instructions	Nasal congestion seasonal allergy symptoms	Yes No	
Diphenhydramine	PO/Top	Per label	Allergic reactions	Yes No	
Antibiotic ointment	Topical	Per label	Superficial	Yes No	
Caladryl/Calamin	Topical	Per label	Allergic reactions	Yes No	
Hydrocortisone Cream	Topical	Per label instructions	Allergic reactions	Yes No	

Camper's Health Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

DOCTORS' SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH RECORD**

IMMUNIZATIONS (please give immunization dates):

	Month/Year	Month/Year	Month/Year	Booster
DTP				
Tetanus/Diphtheria				
Polio				
HIB				
Varicella				
MMR				
Measles				
Mumps				
Rubella				
Hepatitis B				

HEALTH HISTORY (please check & give dates):

- Ear infections \_\_\_\_\_  Diabetes \_\_\_\_\_
- Heart defect/disease \_\_\_\_\_  Convulsions \_\_\_\_\_
- Bleeding/clotting disorder \_\_\_\_\_  Hypertension \_\_\_\_\_
- Mononucleosis \_\_\_\_\_  Bedwetting \_\_\_\_\_
- Lyme Disease \_\_\_\_\_  Other: \_\_\_\_\_

ALLERGIES (please check):

- Asthma \_\_\_\_\_
- Insect stings \_\_\_\_\_
- Medication (please list): \_\_\_\_\_
- Other (please list): \_\_\_\_\_

**PARENTS AUTHORIZATION**

This health history is correct as far as I know and the person herein has permission to engage in all prescribed camp activities, except as noted by me. In case of emergency I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment, release any records necessary for insurance purposes, and necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above.

I agree that the authorized pick up person or I will pick up the above named camper within 6 hours if requested to leave by the Camp Director. I agree to allow Camp Taconic to use my child's photo for advertising and promotional purposes.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_