

CAMPER EMERGENCY ACTION FORM

I _____, authorize 21st century Parks, Inc. to administer the medication
(parent/guardian full name)

described below to _____, as needed during the 21st Century Parks,
(child's full name)
Inc. camp program.

Please note: the Emergency Action Form can only be used for medications that require an emergency response. Please complete the following information:

Name of Medication: _____

Dosage Instructions: _____

Other Notes: _____

Dates of your child's camp(s):

June 7-11 June 14-18 June 21-25 June 28-July 2 July 12-16
July 19-23 July 26-30 August 2-5 Spring Break Winter Break

The process will be as follows:

1. 21st Century Parks, Inc. team member will administer medication
2. 21st Century Parks, Inc. team will notify person(s) on camper's Health History Form
3. 21st Century Parks, Inc. team may notify appropriate park & emergency service personnel.

Please sign if you agree to the above terms:

Signature _____ Date _____

Relationship to Camper _____

Emergency Contact # () -