

OUTDOOR LAB CAMPER FORM



Student Name: _____ Birth Date: _____

Parent/Guardian: _____ Email (optional): _____

Specify any dietary allergies or restrictions:

Date of your child's last Tetanus Booster: (REQUIRED every 10 years) _____
month//year

Does your child know how to swim? yes no

May we have permission to include pictures of your child participating in camp activities on the Outdoor Lab's web page for campers' families to enjoy? yes no

Parent/Guardian Signature: _____ Date: _____

PRESCRIPTION MEDICATIONS:

- Provide with pharmacy label stating your child's name and specific dosage instructions
- Seal in a Ziploc bag labeled with your child's name written on it in permanent marker
- Given to the Outdoor Lab Director and/or designated staff upon check-in

A separate "Authorization for Medication Release & Indemnification Agreement" must be completed for each prescription medicine and signed by a physician before being returned to the Science Office.

OVER-THE-COUNTER MEDICATIONS:

- See Instructions on separate sheet

Authorization for Medication Release forms may be faxed by the doctor's office to the Science Office, Attention: Christine Reid, at 703-228-2874.