

**THE AMERICAN BOYCHOIR EXPERIENCE
SUMMER MUSIC CAMP &
CAMP ALBEMARLE
2010**

**PARENT/GUARDIAN CONSENT FOR
EMERGENCY MEDICAL AND/OR SURGICAL CARE**

This date _____, I, _____
month/day/year Signature of parent or guardian

give permission for _____
Camper's name / Session attending

to receive emergency medical or surgical treatment and to be hospitalized if necessary. I understand that every attempt will be made to contact me or the person named below before such action is taken.

Home phone: _____ Business phone: _____

If I cannot be reached, contact: _____
Name and relationship to camper

Home phone: _____ Business phone: _____

**PARENT/GUARDIAN PERMISSION FOR
PRESCRIPTION AND OVER-THE-COUNTER MEDICATION**

ALBEMARLE is required to have written consent from a camper's parent/guardian for each over-the counter and prescription medication he or she takes. To permit the abovementioned camper to receive such medications, please initial next to its name.

Tylenol/acetaminophen _____ Advil/ibuprofen _____

Robitussin PE/Tussin/PE _____ Immodium A-D _____

Sudafed/pseudoephedrine _____ Benadryl _____ Tums _____ Tavist-D _____

* Please list all prescription and over-the-counter medications the camper will take. at ALBEMARLE. Include topical preparations and vitamins and dosage information for all medications. The Emergency Medical Technician must keep all medications.

SIGNED: _____ DATE: _____