

**Lincoln Park Summer Camp**  
**BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION**  
**MEDICAL AUTHORIZATION AND**  
**PERMISSION TO TREAT MINOR INJURIES**

I have voluntarily registered my child in the Lincoln Park Summer Camp, and I hereby give consent for my child to receive medical treatment according to camp protocol. I have reviewed and updated my contact information in CIVICREC as well as the person(s) I have designated as an emergency contact(s) and will ensure that the emergency contact is available during camp hours should I not be available.

I authorize the Lincoln Park Summer Camp Staff to give my child necessary care – which includes treatment of cuts and scrapes, bumps and bruises, and bee stings on any body parts. Treatment will consist of:

- cuts and scrapes: cleaning with soap and water and applying a band aid
- bumps, bruises, and bee stings: treated with application of ice
- any aches, (including stomach, head, ear, throat, poison ivy and eye irritations): the child will be sent home.
- EPI-PEN: in the event of a known severe allergy, camp staff may administer an EPI-PEN, (individual prescription only), to prevent life-threatening conditions. I understand that if I do send an EPIPEN to Camp it must be in the original pharmacy containers, with an intact, current prescription label affixed to packaging with the camper's name. No exceptions will be made.

If your child develops any of the above conditions and the Camp Directors deem necessary, you will be required to arrange for pick-up as soon as possible

I understand that medication of any type, (prescription or over-the-counter), cannot be administered by camp staff. I also understand that the staff is not authorized to perform daily testing of any type. If my child requires medication or daily testing, I understand that the camp directors will contact me to either come to camp to administer the medication or test or to pick-up my child from camp.

In the event of an emergency, I give my consent for the administration of any emergency medical treatment and to transport the child to the closest hospital facilities, if necessary. I understand that a reasonable attempt to contact me will be made.

By signing you have read and agree to accept all health risks associated with Borough program participation and use of facilities. You also agree to be a responsible person and not participate, or have your child participate, in any Borough programming or use of Borough facilities should you or your child have any symptoms of a communicable disease from a virus.

By signing you hold harmless the Borough of Lincoln Park, its directors, superintendents, employees, and volunteers should you or your child contract a communicable disease from a virus.

\_\_\_\_\_ as the parent or guardian of \_\_\_\_\_  
 Print Parent/Guardian Name print name of child

\_\_\_\_\_ date \_\_\_\_\_  
 Signature