



Camp Sno-Mo

(Please initial below)

Permission to Treat

___ I hereby give permission for (camper's name) _____ to be sent to or receive emergency care from other professionals and agencies, as necessary, for the purpose of serving the camper, and with understanding that such information will be held confidential.

Permission for Non-Prescription Medication Administration

___ I, (Parent/Guardian) _____, give the Easterseals Camp Medical Staff permission to give (camper's name) _____ stock non-prescription medications as needed. Said medication may include, but is not limited to Tylenol, Benadryl, Ibuprofen, as well as topical creams, calamine, bacitracin, etc.

Release of Liability

___ I hereby give consent for (camper's name) _____ to attend Easter Seals NH, Inc. Camping Programs.

I hereby waive any and all claims against Easter Seals NH, Inc., its affiliates and / or agents including The Boy Scouts of America for any injury or damage that may be sustained as a direct or indirect result of the camper's participation in the activities of the Camp Sno-Mo program. I also promise to hold Easter Seals NH, Inc., it's affiliates and / or agents including The Boy Scouts of America harmless and indemnify them from any damage, expenses or judgments that may occur as direct or indirect results of such participation.

Signature of Parent / Guardian

Date