

Consent for Personal Care Form

Camper Name:	Age:Sex/Gender:
Diagnosis:	
Allergies:	
Camp Name:	Camp Dates: / / to / /
Personal care notice –	
I,, approve the National Abili during the camp day including, but not limited to, support	ity Center Camps Team to provide personal care to my child ort with dressing, eating, drinking, and toileting.
Name of Camper's Legal Guardian (first and last):	
Signature of Camper's Legal Guardian:	
Date:	
Medical care notice – I,, approve the National Abiduring the camp day. This medical care includes the follows:	ility Center Camps Team to provide medical care to my child
Name of Camper's Legal Guardian (first and last):	
Signature of Camper's Legal Guardian:	
Date:	
Emergency Care notice –	
I,, approve the National Al medication I have provided. The type of medication I am	bility Center Camps Team to provide emergency use of the n providing is (check all that apply):
Epinephrin Pen Emergency Seizure Medication Other: Name of Medication:	

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o Function of Medication:
Name of Camper's Legal Guardian (first and last):
Signature of Camper's Legal Guardian:
Date: