



Consent for Personal Care Form

Camper Name: _____ **Age:** _____ **Sex/Gender:** _____

Diagnosis: _____

Allergies: _____

Camp Name: _____ **Camp Dates:** ___ / ___ / ___ to ___ / ___ / ___

Personal care notice –

I, _____, approve the National Ability Center Camps Team to provide personal care to my child during the camp day including, but not limited to, support 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 Ability Center Camps Team to provide medical care to my child during the camp day. This medical care includes the following:

Name of Camper’s Legal Guardian (first and last): _____

Signature of Camper’s Legal Guardian: _____

Date: _____

Emergency Care notice –

I, _____, approve the National Ability Center Camps Team to provide emergency use of the medication I have provided. The type of medication I am providing is (check all that apply):

- Epinephrin Pen
- Emergency Seizure Medication
- Other:

Name of Medication: _____



○ Function of Medication: _____

Name of Camper's Legal Guardian (first and last): _____

Signature of Camper's Legal Guardian: _____

Date: _____