

# Sing Minnesota 2011

Consent for Emergency Care / Permission for Medication Form

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

This date \_\_\_\_\_ I, \_\_\_\_\_ give permission for  
month/day/year signature of parent or guardian

\_\_\_\_\_ to receive emergency medical or surgical  
camper's name

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.

Parent name(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_ Other phone \_\_\_\_\_

If I cannot be reached, contact: \_\_\_\_\_  
name and relationship to camper

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

## PHOTO RELEASE

I, \_\_\_\_\_ give permission for Sing Minnesota and the  
signature of parent or guardian

Minnesota Boychoir to use photos/images of my child for promotional purposes.

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

Sing Minnesota staff must have written consent from a camper's parent or guardian for each over-the-counter and prescription medication the child takes. To permit the above mentioned 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 Sing Minnesota. Include topical preparations, as well as dosage for all medications. Medications must be turned in to the staff, and will be administered according to the instructions provided by the parent or guardian.

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