



## camPossible! Releases and Waivers

**CONSENT TO DISPENSE MEDICATION:** I hereby give my permission to *camPossible!*'s medical staff including nurses and physicians to dispense to my child, \_\_\_\_\_ all prescribed medicines as noted on the *camPossible!* application or within subsequent written changes. Over the counter medications may be given for minor medical conditions as warranted. Should emergency epilepsy medications such as diastat or midazolam be deemed necessary, medical staff or designated Epilepsy Foundation staff has permission to dispense. In the event emergency epilepsy medications are dispensed, parents or guardians will be notified as soon as possible.

**CONSENT FOR TREATMENT:** I hereby give my permission to *camPossible!*'s staff including EMT, nurses, physicians, and certified staff to supervise and give on-site first aid for minor injuries. In the event of injury such as a broken limb, sprain, contusion, laceration, concussion, etc., or illness requiring medical diagnosis or treatment, I hereby give my consent for staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform of the need for any medical attention beyond minor first aid. I understand that my child may be transported by ambulance to the nearest hospital. I agree that any cost incurred for that transportation and/or treatment will be my responsibility.

I give permission for my child to ride in a van driven by an Epilepsy Foundation employee. \_\_\_\_\_ initial

I give permission for my child's photo to be taken and image to be used for future Epilepsy Foundation publications, brochures, or reports whether in the media (TV or print) or on Facebook. \_\_\_\_\_ initial

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date