

**The following information is necessary for any camper to possess or use prescribed medications or treatments or non-prescription medication during camp (BOTTOM OF FORM MUST BE SIGNED).**

REQUEST FOR ASSISTANCE IN THE ADMINISTRATION OF MEDICATION  
BEACHWOOD DAY CAMPS

I hereby request and give permission to designated personnel to help in the self-administration of medication to my child.

Camper Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Camp Program \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am sending medication **in the original container** from our physician or pharmacist.

(Please send only medicine that your child currently needs)

I understand and acknowledge that an employee of the camp who is not medically trained may render such assistance. There will not be any designated personnel available for procedures for which specific medical training is necessary. I hereby release and hold harmless the City of Beachwood and/or its sponsors, volunteers, and employees from any and all liability for damages directly or indirectly resulting from this assistance. I agree to submit revised signed statement if this information should change before my child attends camp.

Check type of medication

\_\_\_\_\_ Physician prescribed medication                      \_\_\_\_\_ Non-prescription medication

Please list the name of medication to be administered, the dosage, and the time of day or intervals dosage of drug is to be administered. If generic drug is sent, both names are necessary.

Name of Drug and Generic Name	Dosage	Time/Intervals
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason medicine is needed \_\_\_\_\_

Possible adverse reactions that, if they occur, should be reported to the parent or physician  
\_\_\_\_\_

Date medication administration begins \_\_\_\_\_ Date medication administration ceases \_\_\_\_\_

Special instructions for administration or storage of medication \_\_\_\_\_

Physicians Name \_\_\_\_\_

Physicians Address \_\_\_\_\_

Physicians Phone Number \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature**

**Parent/Guardian Phone**



# BEACHWOOD RECREATION DAY CAMPS CAMPER WALKER/RIDER DISMISSAL FORM

By filling this form out, you consent that we may release your child from our custody at the conclusion of the camp day. Please note we will not release children without this form being completed and on file with the Camp Director. Children not picked up in a timely fashion (15 minutes after the conclusion of camp program) are taken to our After Camp Program. Parents are subject to a late fee for this service.

**Camper's Name:** \_\_\_\_\_

**Camp:** BISON      SPORTS      THEATER      TEEN ADVENTURE  
(Please circle one)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I give the above named child permission to walk/ride bicycle to and/or from the Beachwood Recreation Day Camps assigned camp site or drop off location. I understand that once my child leaves the camp program at his/her designated time, the Beachwood Recreation Department is no longer responsible for the supervision of the above named child. Understanding the risks attendant to this activity, I agree that the above named child may participate in this activity and no claim or demand will be made against the City and/or School Board and their agents and employees in the event of an occurrence.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Legal Guardian must Electronical sign)



**CITY OF BEACHWOOD DAY CAMP  
FIELD TRIP PERMISSION FORM WAIVER & RELEASE**

I, \_\_\_\_\_, am the \_\_\_\_\_, of  
(Name of Parent/Guardian) (Mother/Father/Legal Guardian)  
\_\_\_\_\_, a participant(s) in the  
(Name of Camper(s))  
Beachwood Day Camp Program.  
Camp(S): \_\_\_\_\_

I hereby grant permission for the Camper to attend any and all field trips scheduled to occur while he/she is at camp and I consent to the Camper's participation in such field trips.

I understand that the Camper will be transported to the place of each field trip by bus.

I understand that all activities have certain risks and could result in injury to the Camper. In consideration of the Camper being permitted to participate in camp activities and field trips, I, on behalf of the Camper, the mother, the father, the next of kin and, if applicable, the legal guardian of the Camper, hereby assume all risk of injury that may be sustained by the Camper in connection with camp activities and field trips.

I further agree to release, waive, indemnify, hold harmless and/or forever discharge the City of Beachwood, Ohio, its officials and employees, and any persons appointed by them, from any and all rights, claims, and causes of action that may arise or result, directly or indirectly, from camp activities and field trips.

I fully understand the field trip activities and what is involved in the Camper's participation in the activities. I understand that I have the opportunity to contact City Recreation staff regarding the field trip activities.

I agree that this Field Trip Permission Form and Waiver & Release is intended to be as broad and inclusive as it is permitted by the laws of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS  
FIELD TRIP PERMISSION FORM AND WAIVER & RELEASE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Summer Camp Photo Request

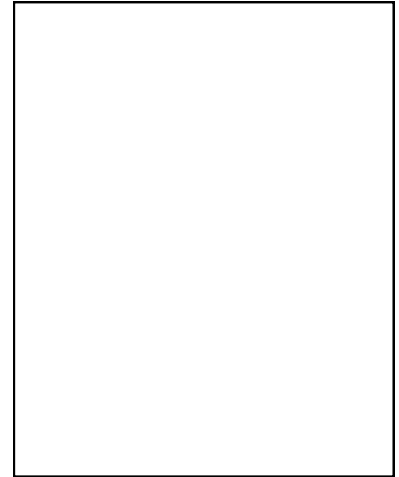
It would be helpful if we could have a small current photo of your child. The photo will help us learn the names of our campers and help to quickly identify them especially with the administering of medicine, carpooling and family emergencies. Please attach to this form.

TY for your cooperation.

Child's Name \_\_\_\_\_

Grade Entering \_\_\_\_\_

Camp \_\_\_\_\_



# Summer Camp Photo Request

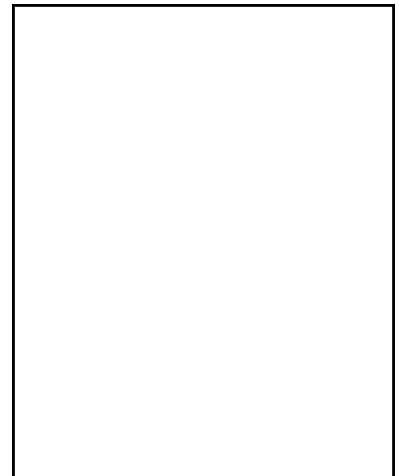
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TY for your cooperation.

Child's Name \_\_\_\_\_

Grade Entering \_\_\_\_\_

Camp \_\_\_\_\_





## SUNSCREEN APPLICATION PERMISSION SLIP

**I hereby give permission for the camp counselor to apply sunscreen (which I will provide) to \_\_\_\_\_ as needed.**

Child's name

**My child attends the following camp (circle one):**

**THEATER**

**KIDZ**

**BISON**

**Please note: A form is NOT required for Sports or Teen Travel campers due to the age of the campers (Children can apply their own sunscreen).**

**Thank you.**

Electronic Signature

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Save form and email to  
campforms@beachwoodohio.com**