



**2012 MICHIGAN YOUTH TROUT CAMP
MEDICAL TREATMENT RELEASE FORM**

In case of accident or serious illness, the Camp Director or designate will contact the parent or guardian using the information provided in the application form.

If the Camp Director is unable to reach the parent or guardian, the Camp Director is authorized to call the physician indicated and to follow his/her instructions.

If it is impossible to contact the physician, the Camp Director may make necessary arrangements for medical treatment.

I give permission for the Camp Director or designate to administer the listed over the counter medications according to boxed directions:

Calamine lotion
Benadryl lotion
SPF 30
Ibuprofen

antibiotic cream
hydrogen peroxide
Tylenol

Campers Name _____

Parent/Guardians Signature _____ Date _____