



**Հ.Մ.Ը.Մ.Ի ԱՐԵՎՄՏԵԱՆ ՄԻՋԵԱՆ ՆԱՀԱՆԱԳԱՆԵՐՈՒ ՀՐԶԱՆԻ
ՍԿՈՒՄՏԱԿԱՆ ՏՐԿ ԸՆԴՀԱՆՈՒՐ ԲԱՆԱԿՈՒՄ**



Permission/Medical Record

I Hereby Authorize My Son/Daughter Name: _____ To Go On Day Camp/Over Night Trip

Location: Homenetmen Camp Tecuya With Homenetmen unit # _____ Date From: _____ To: _____

Name of Parent/Guardian: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

DOB: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

T-shirt Size: Y/S A/S A/XL 8/10 8/13 8/15
 Y/M A/M A/2XL 8/11 8/14 8/16
 Y/L A/L A/2XL 8/12 8/14 8/16

In An Emergency, If Unable To Reach Parent, Contact:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Mark the Items That Apply To Your Child from the List Below

- Asthma Environmental allergies Sleep walking Bed wetting
 Diabetes Allergy to insect stings Heart problems Seizure

Please Explain: _____

Does Your Child Have Any Other Serious Medical Condition Or Been Under A Physicians Care Recently? Yes No

If Yes, Please Explain: _____

Does Your Child Have Any Of The Followings?

Allergies To Medications? _____

Diet Restrictions? _____

Date Of Last Tetanus Shot: _____

Medications at Camp

The scout may not have any medications (pill or oral liquid) in his/her possession. This includes over-the-counter medications like TYLENOL. **All medications must be given to and be held by a Scoutmaster or the camp medic**, who will administer it according to the written Instructions. All medications should come in its original container. Please, clearly label each bottle with the scout's name and place all medicine in closed plastic bag or container.

List all the medications your child must take on a regular schedule while at Camp

Medication	Dosage	How Often

In the event of a minor illness, do you authorize the camp medic to give your child common remedies in appropriate dosages? *Examples: Non-Aspirin Pain Relief, Cough Medicine, And Antacid* Yes No

- ✓ I, the undersigned parent, or legal guardian of the scout named above, do hereby authorize and consent to any x-ray examination, anesthetic, surgical or medical treatment rendered by medical or emergency room staff licensed under the provisions of the Medicine Practice Act, in the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by aforementioned physician in the exercise of the doctor's best judgment. It is understood that every effort will be made to contact the undersigned prior to rendering treatment to the patient, but none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.
- ✓ HOMENETMEN camp programs include archery, swimming, boating, hiking, crafts, use of knife and ax, rock climbing, rappelling, team sports, rifle shooting, and other activities. California Penal Code Section 12552 requires specific permission by parent/guardian giving consent for the use of firearms at camp. Your signature below, grants consent to participate in the camp program. State any limitations below. Consent to the...

- Full program Program excluding firearms Program w/limitations listed below:

Print Full Name of Participant: _____ Print Full Name of Parent/Guardian: _____

Signature of Participant: _____ Signature of Parent/Guardian: _____