

SASI Medical and Over-the-Counter Medications Release Form

Name _____

Address _____

City _____ State _____ Zip _____

Female _____ Male _____ Date of Birth _____

Parent/Guardian _____

Parent Mailing Address _____

Parent Home Telephone _____ Parent Work Telephone _____

Health Insurance Co. _____ Policy Number _____

Course of Study (Check One)

- Drum Major*
- Leadership*
- Colorguard*

ALLEGRIES:

- I have attached a detailed sheet of special medical conditions that SASI should be aware of. This should include any medication regiments.

MEDICAL RELEASE

In the event that I cannot be reached in an emergency, as determined by the camp directors and/or health staff, and/or emergency responders, I hereby give permission to Solutions and Specialized Innovation (SASI), its employees or contracted agents, or emergency services personnel, to transport and/or provide medical care for my child, or make referral of the child to the nearest medical facility in case of major medical service needs. I have listed any special health conditions (allergies, diabetes, epilepsy, physical handicaps) or other medical information that might be helpful. I understand that SASI or its employees, or contracted agents, assume no financial responsibility for any medical service received by my child. Christian Science parents may submit the authorized Christian Science form in lieu of this permission, such form to be submitted and attached to this application.

Parent Signature

Date

OVER-THE-COUNTER MEDICATION

SASI and/or its agent or agents will have on hand certain over the counter medications such as, but not limited to aspirin, Tylenol, Acetaminophen, Tums, etc... I hereby:

- GRANT PERMISSION to SASI, SASI's agents, or SASI's employees to deliver over-the-counter medication to my child as requested by my child. I understand that SASI and its staff or agent will follow the labels accordingly. ***Further, I understand this action falls under the guidelines of the SASI Hold Harmless Agreement.***
- DO NOT GRANT PERMISSION for dispensing of, legal, over-the-counter medications to my child. Further, I understand that permission will not be granted over the phone or via faxed document while my child is at camp.

Parent Signature

Date

Participant (Student) Signature

Date