



PERMISSION TO GIVE MEDICINE (Prescription and Non-Prescription)

I, the undersigned parent or legal guardian, do hereby release, absolve, indemnify. and hold harmless the City of Greensboro, the Parks and Recreation Department, its staff and volunteer organizers and sponsors, any and all of them, from any liability which may result from my child taking medication as indicated on this form.

Parent or Guardian's Signature
Date

Camper's Name

Name of Medicine(s)

(Medicine MUST be in the original container with the camper's name clearly written on it.)

Prescription Number

Physician Name and Number Prescribing Medicine

Dosage (amount to be given)

Time(s) to be given at Camp

Does medicine require refrigeration?

Yes

Please list any foods or other medications which should NOT be taken with this medicine:

RECORD OF MEDICATION GIVEN

Date	Time	Amount	Staff	Date	Time	Amount	Staff





CAMPER ASSESSMENT

1.	Does the participant walk independently? Yes No If not, what type of assistance is required?
2.	Does the participant eat independently? Yes No If not, what type of assistance is required?
3.	Does the participant dress independently? Yes No If not, what type of assistance is required?
4.	Does the participant use the bathroom/toilet independently? Yes No If not, what type of assistance is required?
5.	Does the participant communicate through speech? Yes No If not, what type of communication is used?
6.	How does your child socially interact? (smile, initiates contact, follow directions, safety, etc.)
7.	Does your child relate better with: Small groups (3-5 people) Iarge groups (5 or more) both
8.	What are a few of the participant's favorite indoor/outdoor activities or special interests?
9.	How does your child respond to physical contact (touched on shoulder, arm, etc.)? Explain:
10.	Does your child exhibit any behavior problems? If so, please explain and include any triggers:
11.	What behavior management techniques work best for your child?
12.	Please add any additional information that would assist in modifications for the participant:
13.	Please add any specific activities you would like to see your camper participate in this summer: