

Conrad Weiser Middle School N.E.E.D. Camp Emergency Information

Student's Name: _____ Best phone number: _____

Address: _____

Parent/Guardian Name & Relationship: _____

Best phone number: _____

Parent/Guardian Name & Relationship: _____

Best phone number: _____

Emergency Contact if student gets ill/injured at camp and unable to reach parent/guardian:

Name: _____ Best phone number: _____

Alternate Name: _____ Best phone number: _____

Student's Doctor: _____ Phone: _____

Student's Dentist: _____ Phone: _____

I give my permission for my child to be given appropriate over the counter medications according to the camp nurse's direction and the CW School District protocols. YES _____ NO _____

If your child takes daily medication or is prescribed an inhaler for asthma, or an Epi Pen for life threatening allergies, or a PRN medication that he/she will need to have at camp, **you must complete a N.E.E.D. Camp Medication Form. The form must be signed by the parent/guardian and a PHYSICIAN. Only one form can be used per medication.** We have included one form for your convenience. Additional forms can be downloaded from the district website or picked up in person at the Middle School office.

Medication must be sent to the School Nurse in the original container the Wednesday before camp, and all forms are due to the school by Monday, April 8, 2024.

If your child takes medication "as needed", please send several doses to school (enough for the duration of camp). In the case of an illness occurring during the weekend before camp begins, your child may need to bring medication on the Monday morning of camp. These medications and permission form(s) must be given to the camp nurse on Monday morning. The nurse will be available at the student drop off (CWMS A-wing Entrance) to receive any of these medications. **Do not pack any medication in luggage or backpacks.**

List any illness/allergies/conditions:

In the event of an emergency, I hereby grant the school permission to secure appropriate care for my child. I give permission to the attending health care provider for emergency treatment.

Parent/Guardian Signature: _____