



(Please initial below)

### Permission to Treat

\_\_\_\_ I hereby give permission for (camper's name) \_\_\_\_\_ to be sent to or receive emergency care from other professionals and agencies, as necessary, for the purpose of serving the camper, and with understanding that such information will be held confidential.

### Permission for Non-Prescription Medication Administration

\_\_\_\_ I, (Parent/Guardian) \_\_\_\_\_, give the Easterseals Camp Medical Staff permission to give my child \_\_\_\_\_ stock non-prescription medications as needed. Said medication may include, but is not limited to Tylenol, Benadryl, Ibuprofen, as well as topical creams, calamine, bacitracin, etc.

### Release of Liability

\_\_\_\_ I hereby give consent for (camper's name) \_\_\_\_\_ to attend Easter Seals NH, Inc. Camping Programs.

I hereby waive any and all claims against Easter Seals NH, Inc., its affiliates and / or agents including The Boy Scouts of America for any injury or damage that may be sustained as a direct or indirect result of the camper's participation in the activities of the Camp Sno-Mo program. I also promise to hold Easter Seals NH, Inc., it's affiliates and / or agents including The Boy Scouts of America harmless and indemnify them from any damage, expenses or judgments that may occur as direct or indirect results of such participation.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date