

## AUTHORIZED PERSONS FOR PICK-UP OF CAMPER

Please list all persons who are authorized to pick up this camper, including parents' names. Campers will not be released to any person not listed here. If pick-up arrangements change once camp has started, a hand-written note must be provided to camp staff listing additional authorized drivers.

For office use.  
GROUP NUMBER

\_\_\_\_\_  
Pick-up arrangement

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Signature/date

Name: _____	Relationship: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## ADMINISTRATION OF MEDICATION

I give permission for my child to be given the following medication by BBAC staff during camp hours.

For office use.  
Group #

\_\_\_\_\_  
Parent/Legal Guardian (print)

\_\_\_\_\_  
Signature/date

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Special instructions \_\_\_\_\_