Emergency Medical Treatment Authorization or Refusal
In the event I, ___________________________________ cannot be reached in an emergency requiring
medical attention for my child, ____________________________________, I hereby give my consent
to employees of the Barrington Recreation Summer Camp to secure proper emergency treatment and
transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of
participant in the Barrington Summer Camp. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/
inhalers/Epi-pens used during cam program hours will remain in the child’s possession to be placed in the
same location of child’s backpack each day.
2. Camp staff are not authorized to administer medication. They will remind and supervise the taking of
medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured
container labeled with your child’s name, the name of the medication, the dosage amount and the time or
times to be taken.
4. Medical personnel are not provided at camp.

Participant Name: ____________________________________________
Name of Medication: __________________________  Dosage Amount: __________________________
Frequency of Dosage: __________________________
Time (s) to be taken during camp hours: __________________________
Duration of treatment: __________________________
Possible side effects and adverse reactions (if any): __________________________
________________________________________________________________________
Other recommendations: __________________________
Health Care Prescriber: __________________________  Phone #: __________________________
Parent Signature: __________________________  Date: __________________________
Cell Phone: __________________________  Home Phone: __________________________