

CHILDREN'S THEATRE 2018 SEASON AT THE SAILING CAMP PARK IN OAK BLUFFS

CAMPER NAME:

Permission to Administer First Aid

In the event of an emergency, injury or situation that requires medical attention

**I/We _____ give permission to the staff of Children's
Parent/guardian
Theatre to administer the necessary first aid to _____.**

We also give permission to notify and utilize ambulance service as well as the services of Martha's Vineyard Hospital should that be deemed necessary.

- **Permission to Administer Medication**

I/We give authorization to the Camp Director of Children's Theatre to administer medication under the supervision of the Health Care Supervisor on site with detailed written instructions from a medical doctor. I understand that any and all medication will be kept in their original containers in a locked closet away from campers.

Signature for both of the above permission statements below:

Parent/Guardian signature _____

Camper(s) Name(s) _____

Date _____