

Camper's Name:

Session Attending:

## Permission to Administer Over the Counter Medications

I (Parent/Guardian) of \_\_\_\_\_, hereby give permission for Camp Zanika to administer the following over the counter medications if the nurse deems it necessary. Dosage will be administered according to directions on the bottle unless a physician directs otherwise.

Headaches - *Tylenol/Advil*  
Upset Stomach - *Nausea Medicine*  
Diarrhea - *Imodium AD*

Menstrual Cramps - *Ibuprophen*  
Poison Ivy - *Calamine Lotion or Benadryl Lotion*  
Allergies - *Benadryl*

Mosquito Bites - *Bug Spray, Calamine Lotion, Benadryl*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Permission/Participant Waiver/ Off Camp Trips

I give permission for my child's picture to be used by Camp Fire USA. Use of such pictures may include, but is not limited to, brochures, videos and internet websites promoting or reporting on the camp and the American Camp Association. I waive any claims which may arise from my child's participation in Camp Fire activities. I understand that in order to provide a safe cooperative group experience, a child may be dismissed from the program for reason including behavior, illness/injury, or homesickness. My child has permission to participate in all camping activities, including hiking out of camp, and be transported by camp for any camp activities away from camp property

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Special Needs/Dietary Needs

Camper's Name: \_\_\_\_\_

Session Attending: \_\_\_\_\_

<b>My Child has:</b>	<input type="checkbox"/> No Special Requirements
	<input type="checkbox"/> Vegetarian Diet
	<input type="checkbox"/> A Diet related to religious practice. <b>Please explain below</b>
	<input type="checkbox"/> A Diet related to allergies and medical conditions. <b>Please explain below</b>
At Camp Zanika we do our best to accommodate the dietary needs of all our campers, but as a small non-profit camp we are only able to do so much. If your child has a strict dietary need, odd dietary need, or one that you are not sure we can accommodate please contact us for further information.	

## My Child's Counselor should know:

Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask camper guardians to inform us of any special needs, issue or other concerns that you may have.

*(i.e sleep walking, not a strong swimmer, behavioral problems, fear of trees)*

If your child has any issues that you feel need to be further addressed please contact the Camp Fire Office, 509.663.1609 or [campzanikalache@gmail.com](mailto:campzanikalache@gmail.com)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_