



medical release

form 2k19

ALL STUDENTS & PARENT/GUARDIANS MUST SIGN

According to the The County of San Bernardino Environmental Health Services (article 8, subsection 30750 - h) I agree to check in all medications I possess (including tylenol, allergy medications, insulin, etc.) to the nurse on staff at Camp Cedar Crest during registration. I also agree to and understand that all prescription medications must be in the original labeled medicine container along with daily instructions.

Camper's Signature _____ Date ____ / ____ / ____

Parent/Legal Guardian's Signature _____ Date ____ / ____ / ____

Medications: _____

