

Spring Hill!

7717 95th Ave, Evart, MI 49631
www.springhillexperiences.com



New Frontiers: Completed 6th - Completed 9th grade

TST: Completed 9th - Completed 12th grade
(optional) Completed 9th may choose either New Frontiers or TST

We leave from The Mine (144 S Main St., Cadiz, OH) no later than 6am on Sunday, July 7, 2024.
We'll be returning the following Friday, July 12th, at about 8:30pm.

Cost: \$225



For more info, call the CRF office @ 517-283-3982
To reserve a spot on the trip, present the signed permission slip and a \$50 (non-refundable) deposit.

**Spaces
are
limited!**



crossroads farm



SpringHill Camp Permission Slip

July 7 - 12, 2024



New Frontiers: Completed 6th - Completed 9th

TST: Completed 9th - Completed 12th

(optional) Completed 9th may choose either New Frontiers or TST

Please print in ink

Name: _____ Age _____ Birthday _____

LAST, FIRST MIDDLE

Year in school _____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Parent/guardian email _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crossroads Farm and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Crossroads Farm. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crossroads Farm, Executive staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crossroads Farm, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Crossroads Farm staff member.

Parent/guardian signature: _____ Date: _____

SpringHill Michigan Overnight Camp Registration



CAMPER INFORMATION	Camper's first name	Camper's last name	Birth date	Grade completed by June 2023	Gender M F	Parent's e-mail
	Parent or guardian's full name		Spouse's name		Parent's e-mail	
	Street address	City	State			Zip code
	Home phone	Business phone (indicate whose)	Father's cell phone			Mother's cell phone
	Camper's church (if applicable)		Camper's School/School City			
Please specify your camper's ethnicity and race below. The following information is helpful when seeking funding opportunities for campers. Do you consider your camper's ethnicity to be Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Which category best describes your camper's race? <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown						

PROGRAM REGISTRATION	Michigan <input type="checkbox"/> New Frontiers 6th-9th grade completed <input type="checkbox"/> TST 9th-12th grade completed	Camper's previous SpringHill attendance <input checked="" type="checkbox"/> Michigan
	Roommate Choices: List up to three friends and parent e-mail addresses	

SPECIAL NEEDS	We want to make sure that each child receives the level of attention needed to provide an incredible, inclusive camp experience. Our staff will contact you if there is concern that your camper's needs may require additional assistance from our staff or potentially exceed our ability to provide exceptional care to him/her and others.	
	Does your camper have any physical, emotional, mental or behavioral challenges that have been professionally diagnosed or are under evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate the severity of all applicable conditions: 1 Mild, 2 Moderate, 3 Severe <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ADHD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Autism <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Visual Impairments <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Physical/Mobility Impairments
	Does your camper currently receive special assistance at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will your camper potentially require special attention in order to participate in normal camp activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
	Indicate any behavior concerns	
	Additional information	

SPRINGHILL CAMPS (MICHIGAN) Release of Liability, Waiver, Indemnification, and Consent to Medical Attention	<p>I understand that all day camp, overnight camp, and other recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my being allowed to participate in a day and/or overnight camp or recreational program or activity sponsored by SpringHill (the "Program"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following: 1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary. 2. Identification of Risks. I understand that there are certain dangers, hazards, and risks inherent in participation in the Program, including, but not limited to, climbing walls, inflatables, water games and events, and outdoor games (in the day camps), and swimming, horseback riding, river rafting, canoeing, paintball, extreme sports, high adventure activities, blobbing, winter tubing, snowboarding, skiing, cross country skiing, rock climbing, gymnasium activities, sports, zip line, rappelling, camp transportation, sleeping in tents or cabins, bathing and eating and other residential activities (in the overnight camps), and other athletic and recreational sports ("Recreational Activities"), all of which are regularly scheduled Program activities. I may voluntarily participate in some or all of these activities. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death, and further may include the risk of exposure to COVID-19 (novel coronavirus). There may be other risks of participation in the Program, some of which may not be known or reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Program may not be owned, maintained, or controlled by SpringHill, but rather by the premises owners (the "Premises Owners"). I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of SpringHill or its directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the "Representatives"), including, but not limited to, risks created by the following: (a) the risk of exposure to COVID-19 (novel coronavirus); (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various Program events occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (f) the failure of SpringHill or its Representatives to foresee or protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by SpringHill or its Representatives.</p> <p>3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program, including (but not limited to) its Recreational Activities and risks associated with exposure to COVID-19 (novel coronavirus). I accept personal responsibility for any liability, personal injury, or economic or noneconomic damages or loss in any way connected with my participation in the Program, including its Recreational Activities. I represent to SpringHill that I have health insurance that is adequate to cover treatment for any personal injuries I may sustain as a result of my participation in the Program, including (but not limited to) its Recreational Activities and risks associated with exposure to COVID-19 (novel coronavirus). 4. Release and Waiver. I release SpringHill and its Representatives to the fullest extent permitted by applicable law from any and all liability for, and waive any and all claims for, personal injury or economic or noneconomic damages or loss, including attorneys' fees, in any way connected with my participation in the Program, including (but not limited to) its Recreational Activities and risks associated with exposure to COVID-19 (novel coronavirus), even if caused in whole or in part by the negligent acts or omissions or other misconduct of SpringHill or any of its Representatives (a "Claim"). This release does not apply to reckless or intentional misconduct of SpringHill or any of its Representatives. I am aware of MCL § 700.5109, which authorizes organizations such as SpringHill to obtain releases covering a minor's participation in a recreational activity, and I agree that this release is authorized by that statute. 5. Indemnification. I agree to indemnify and to hold harmless SpringHill and its Representatives, and the Premises Owners, from any Claim, or any expense, including reasonable attorneys' fees for the legal counsel of SpringHill's choice, in any way connected with a Claim, including the cost of defending any Claim released or waived by this instrument that I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any member of my family. 6. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, and assigns and shall inure to the benefit of SpringHill and its Representatives. 7. Consent to Medical Treatment. I authorize SpringHill and its Representatives, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon SpringHill or its Representatives, or upon the Premises Owners, to provide such assistance, transportation, or services. 8. Policies and Exposure Notice. I agree to abide by any policies and procedures established by SpringHill for participation in the Program, including policies and safety measures intended to mitigate exposure to COVID-19 (novel coronavirus), and to notify SpringHill immediately if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19 (novel coronavirus), and I will immediately cease my participation in the Program upon receiving such information. 9. Severability. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. 10. Applicable Law. Because the SpringHill Program is located in the State of Michigan, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Michigan.</p> <p>THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY. If the person participating in the Program is not yet 18 years old, one of his/her parents or legal guardians must sign:</p> <p>In exchange for my child or ward being allowed to participate in the Program, and as the parent or legal guardian of the above named individual, I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of my child or ward, that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, and Consent, I am binding myself, any other parent or guardian of my child or ward, and my child or ward.</p>	
	PRINTED NAME	SIGNATURE

REGISTER ONLINE AT [SPRINGHILLCAMPS.COM](https://springhillcamps.com) OR SEND TO: SpringHill Camps Registration, PO Box 100, Evart, MI 49631 or registerni@springhillcamps.com

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HEALTH FORM

PERSONAL INFORMATION

Camper's Last Name (Printed)		Camper's First Name (Printed)			M.I.
Street Address		Date of Birth (Month, Day, Year)			Age
City	State	Zip	Height	Weight (Lbs)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

IMMUNIZATION RECORDS

Are your child's immunizations up to date? ☐ Yes ☐ No If no, please explain _____

Date of last Tetanus Vaccine (REQUIRED): _____

MEDICATIONS/HEALTH HISTORY

Check if these apply to your child. If necessary, attach an additional page to describe health history in detail.

NON-MEDICATION ALLERGIES:

- ☐ No known non-drug allergies
- ☐ Insect/bee/wasp stings
- ☐ Poison ivy/oak/sumac
- ☐ Nuts: ☐ Mild ☐ Moderate ☐ Severe
- ☐ Fish/Shell Fish ☐ Eggs ☐ Milk
- ☐ Other (non-drug): _____

MEDICATION ALLERGIES:

- ☐ No known medication allergies
- ☐ Has medication allergies
(List all medication names & describe reactions): _____

MEDICAL CONDITIONS:

- ☐ Asthma
- ☐ Aspergers
- ☐ Autism
- ☐ Back/Neck Injury
- ☐ Bladder/Kidney
- ☐ Bleeding Disorder
- ☐ Blind/Legally Blind
- ☐ Cancer
- ☐ Cardiac Issues/Hypertension
- ☐ Diabetes
- ☐ Down Syndrome
- ☐ Enuresis (bedwetting)
- ☐ Hearing
- ☐ Immune Disorders
- ☐ Hip/Knee/Ankle Problems
- ☐ Migraines
- ☐ Nutrition (significant dietary needs)
- ☐ Physical/Muscular/Coordination
- ☐ Seizure Disorder
- ☐ Tourette Syndrome
- ☐ OTHER _____

MEDICATIONS:

Remember that you will need to bring any medications in their ORIGINAL PACKAGING, WITH CHILD'S NAME AS RECIPIENT with you to registration and check them in with a health officer on opening day. PLEASE DO NOT PACK MEDICATIONS IN YOUR CAMPERS LUGGAGE!

PLEASE DO NOT BRING VITAMINS OR COMMON OVER THE COUNTER MEDICATIONS.

LIST ALL CURRENT MEDICATIONS (DOSAGES NOT NECESSARY AT THIS TIME):

INSURANCE INFORMATION

In the event of illness, parents are completely responsible for any necessary treatment costs incurred. List all personal insurance information or include a copy of insurance card(s).

Please mark "none" if your child is not covered by health insurance. ☐ None

Carrier or plan name	Carrier Address	Policy holder ID#	Name of policy holder
Group policy number		Carrier telephone	Relationship to camper

EMERGENCY CONTACT INFORMATION

Parent/Guardian name	Parent/Guardian home phone	Parent/Guardian work phone
Family physician name	Family physician phone	Parent/Guardian cell phone
Emergency contact name(if parent can not be reached)	Emergency contact phone	Relationship to camper

**SPRINGHILL CAMPS
(MICHIGAN)**

Release of Liability, Waiver, Indemnification, and Consent to Medical Attention

I understand that all day camp, overnight camp, and other recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my and/or my minor child being allowed to participate in a day and/ or overnight camp or recreational program or activity sponsored by SpringHill (the "Program"), I, and if I am not yet 18 years old, my parent or legal guardian, agree to be bound by each of the following

1. **Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.

2. **Identification of Risks.** I understand that there are certain dangers, hazards, and risks inherent in participation in the Program, including, but not limited to, climbing walls, inflatables, water games and events, and outdoor games (in the day camps), and swimming, horseback riding, river rafting, canoeing, paintball, extreme sports, high adventure activities, blobbing, winter tubing, snowboarding, skiing, cross country skiing, rock climbing, gymnasium activities, sports, zip line, rappelling, camp transportation, sleeping in tents or cabins, bathing and eating and other residential activities (in the overnight camps), and other athletic and recreational sports ("Recreational Activities"), all of which are regularly scheduled Program activities. I may voluntarily participate in some or all of these activities. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death, and further **may include the risk of exposure to COVID-19 (novel coronavirus)**. There may be other risks of participation in the Program, some of which may not be known or reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Program may not be owned, maintained, or controlled by SpringHill, but rather by the premises owners (the "Premises Owners"). I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address **all** of the risks of any kind associated with my participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or **negligence** on the part of SpringHill or its directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the "Representatives"), including, **but not limited to**, risks created by the following: (a) **the risk of exposure to COVID-19 (novel coronavirus)**; b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various Program events occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (f) the failure of SpringHill or its Representatives to foresee or protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by SpringHill or its Representatives.

3. **Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program, including its Recreational Activities. I accept personal responsibility for any liability, personal injury, or economic or noneconomic damages or loss in any way connected with my participation in the Program, including (but not limited to) its Recreational Activities and **risks associated with exposure to COVID-19 (novel coronavirus)**. I represent to SpringHill that I have health insurance that is adequate to cover treatment for any personal injuries I may sustain as a result of my participation in the Program, including (but not limited to) its Recreational Activities **and risks associated with exposure to COVID-19 (novel coronavirus)**.

4. **Release and Waiver.** I release SpringHill and its Representatives to the fullest extent permitted by applicable law from any and all liability for, and waive any and all claims for, personal injury or economic or noneconomic damages or loss, including attorneys' fees, in any way connected with my participation in the Program, including its Recreational Activities, even if caused in whole or in part by the negligent acts or omissions or other misconduct of SpringHill or any of its Representatives, including (but not limited to) **risks associated with exposure to COVID-19 (novel coronavirus)** (a "Claim"). This release does not apply to reckless or intentional misconduct of SpringHill or any of its Representatives. I am aware of MCL § 700.5109, which authorizes organizations such as SpringHill to obtain releases covering a minor's participation in a recreational activity, and I agree that this release is authorized by that statute.

5. **Indemnification.** I agree to indemnify and to hold harmless SpringHill and its Representatives, and the Premises Owners, from any Claim or expense, including reasonable attorneys' fees for the legal counsel of SpringHill's choice in any way connected with a Claim. That includes, but is not limited to, the cost of defending any Claim that I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.

6. **Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, and assigns and shall inure to the benefit of SpringHill and its Representatives.

7. **Consent to Medical Treatment.** I authorize SpringHill and its Representatives, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon SpringHill or its Representatives, or upon the Premises Owners, to provide such assistance, transportation, or services.

8. **Policies and Exposure Notice.** I agree to abide by any policies and procedures established by SpringHill for participation in the Program, including policies and safety measures intended to mitigate exposure to COVID-19 (novel coronavirus), and to notify SpringHill immediately if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19 (novel coronavirus), and I will immediately cease my participation in the Program upon receiving such information

9. **Severability.** If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

10. **Applicable Law.** Because the SpringHill Program is located in the State of Michigan, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Michigan.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

Printed Name

Signature

Date

If any person participating in the Program is not yet 18 years old, one of his/her parents or legal guardians must sign:

In exchange for my child(ren) or ward(s) being allowed to participate in the Program, and as the parent or legal guardian of the above named individual(s), I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of my child(ren) or ward(s), that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, and Consent, I am binding myself, any other parent or guardian of my child(ren) or ward(s), and my child(ren) or ward(s).

Printed Name (Parent or Legal Guardian)

Signature

Date

Health Services Profile

Please keep your campers with you throughout the registration process!

This form **MUST** be turned in for all campers

06/25-06/30, 2023 New Frontiers or TST, Michigan 6 Days

Camper Name: _____

Parents: _____

H: _ (____) _____

C: _ (____) _____

W: _ (____) _____

ALL medications must be turned in at check-in.
Please do not bring common, over-the counter medications, non-essential medications, or vitamins.

Medication:

Medication Name: _____ **Strength:** _____ **Per (Method of Dosage)** _____
Actual Name on Bottle *ex: 20mg, 3ml, 3mg/ml* *i.e. tablets, puffs, teaspoons, ml, etc.*

Qty At Bkfst Lunch Dinner Bedtime As Needed
#

Specific Instructions: _____

FOR SPRINGHILL USE ONLY:

Parent initial if instructions differ from container

Check here if medication is with Counselor

Was dinner dose already taken prior to or at registration:

Liquid verify

Medication:

Medication Name: _____ **Strength:** _____ **Per (Method of Dosage)** _____
Actual Name on Bottle *ex: 20mg, 3ml, 3mg/ml* *i.e. tablets, puffs, teaspoons, ml, etc.*

Qty At Bkfst Lunch Dinner Bedtime As Needed
#

Specific Instructions: _____

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Liquid verify

Medication:

Medication Name: _____ **Strength:** _____ **Per (Method of Dosage)** _____
Actual Name on Bottle *ex: 20mg, 3ml, 3mg/ml* *i.e. tablets, puffs, teaspoons, ml, etc.*

Qty At Bkfst Lunch Dinner Bedtime As Needed
#

Specific Instructions: _____

FOR SPRINGHILL USE ONLY:

Parent initial if instructions differ from container

Check here if medication is with Counselor

Was dinner dose already taken prior to or at registration:

Liquid verify

Medication:

Medication Name: _____ **Strength:** _____ **Per (Method of Dosage)** _____
Actual Name on Bottle *ex: 20mg, 3ml, 3mg/ml* *i.e. tablets, puffs, teaspoons, ml, etc.*

Qty At Bkfst Lunch Dinner Bedtime As Needed
#

Specific Instructions: _____

FOR SPRINGHILL USE ONLY:

Parent initial if instructions differ from container

Check here if medication is with Counselor

Was dinner dose already taken prior to or at registration:

Liquid Verify

Medication Parent/Guardian Agreement

As the authorized parent/guardian I am responsible for picking up my camper(s) medication, inhalers and/or epi-pens from their counselor(s) and/or Health Services on Closing Day. If I forget these items, I will be responsible for shipping costs.

If we do not hear from you within two weeks we will dispose of your medication.

Parent Signature: _____

Health office signature: _____

☐ CHECK HERE IF NO MEDICATIONS TURNED IN OR TO BE COLLECT FROM LUGGAGE

REMEMBER: NO MEDICATION MAY BE KEPT BY CAMPER AT ANY TIME