



Camp Year: _____

____ Smilow-Burroughs Clubhouse

____ Southport Clubhouse

____ Madison Avenue Clubhouse

I choose to send my child to Wakeman Boys & Girls Club's Summer Camp Program without their medication, allergy treatment or other prescribed item by our medical professional on the Health Assessment Record I/we submitted to Wakeman Boys & Girls Club. I understand Wakeman Boys & Girls Club will not be held responsible for any medical reactions or inability to react to an allergy with proper treatments that would alleviate symptoms. I fully understand it is my choice to send my child to Wakeman Boys & Girls Club programs without medications noted by their medical professional.

Child's Name: _____

Grade: _____

Medication not submitted: _____

Medication not submitted: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone # _____