

**MO-RANCH SUMMER CAMPS
OVER-THE-COUNTER MEDS, PHOTO AND TRANSPORTATION FORM**

CAMPER'S NAME _____ **SESSION** _____

OVER-THE-COUNTER MEDICATIONS:

I hereby give permission to the health care staff at Mo-Ranch to administer over-the-counter medications to the above named child as needed. Over-the-counter medications will be administered as prescribed in the Standing Orders from the Mo-Ranch Medical Doctor.

Exceptions to the above: _____

_____ **(please sign)**

PHOTO RELEASE:

I understand that photographs, video and/or digital images (hereinafter "images"), may be taken of my minor's participation in various activities while at Mo-Ranch. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images of my minor's likeness being taken and do not request compensation for the use of my minor's likeness.

_____ **(please sign)**

TRANSPORTATION RELEASE:

I give permission for the camper named above to be transported by Mo-Ranch staff in approved vehicles on and off premises for program activities, medical care, and shuttle to and from Mo-Ranch. I also grant permission for the people listed below to pick up my camper from Mo-Ranch.

_____ **(please sign)**

Custodial parent or legal guardian (please print)

State & Driver's License Number

Second custodial parent or legal guardian (please print)

State & Driver's License Number

Additional pick up person (please print)

State & Driver's License Number

If your camper will be picked up earlier than the normal schedule, Camp staff must be notified in writing prior to the early departure. All people picking up a child, including the parent or legal guardian may be asked to show photo identification to Camp Staff. We will not release your camper to anyone other than the person(s) listed above.

Custodial parent or legal guardian signature

Date