

## **Taste the Adventure in NC Program**

### **CONSENT FOR MEDICAL TREATMENT OF A MINOR**

I hereby give permission to the medical personnel selected by C'est si Bon!! To provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

### **PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I hereby give permission for C'est si Bon!! To administer the following over-the-counter medications if it deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

\_\_\_\_\_Parent Signature \_\_\_\_\_Date

\_\_\_\_\_Parent Signature \_\_\_\_\_Date