

### **Medical Treatment/Transportation Authorization**

As the legal guardian, I give permission for the City of Auburn to treat my child in the event of a medical emergency, should they need medical treatment. I give permission for my child to be transported by emergency personnel, should they need medical treatment.

I (Print Name) \_\_\_\_\_ have reviewed and accept the above listed terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Media Release Authorization**

I give permission to the City of Auburn to photograph my child during camp operations. I understand that the City of Auburn retains the right to use the photo(s) in different media forms, including but not limited to print, audio, and visual. The photo(s) may be used in website, social media, brochure, and other advertisements.

I (Print Name) \_\_\_\_\_ have reviewed and accept the above listed terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Over the Counter Medication Authorization**

In regard to the administration of over-the-counter medications such as Ibuprofen, I hereby agree to the following (please select):

\_\_\_\_\_ The City of Auburn is authorized to administer a standard dosage of Ibuprofen (unless specified here: \_\_\_\_\_/mg) to my child as requested by the child or otherwise on an as-needed basis.

\_\_\_\_\_ My child cannot receive Ibuprofen at any time.

\_\_\_\_\_ The City of Auburn is authorized to administer to my child any of the following additional over-the-counter medications if maintained by the department:

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I (Print Name) \_\_\_\_\_ have reviewed and accept the above listed terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_