



BlueMountainRanch.com
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Blue Mountain Ranch Permission to Treat Form

I hereby give permission to the medical personnel selected by the Camp Director to provide routine medical 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 my son/daughter _____.

In the event that 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. This completed form may be photocopied for the trips out of camp.

Signed by parent/guardian _____

Date: _____

I, _____ (parent/guardian), hereby give permission for Blue Mountain Ranch to administer the following over-the-counter medication if the nurse deems it necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

Symptom	Over-the-Counter Medicine
Headache	Tylenol, Advil
Upset Stomach	Pepto Bismol
Diarrhea	Imodium AD
Menstrual Cramps	Ibuprophen, Midol
Stinging Nettle	Calamine Lotion or Cortaid

Other: _____

Signed by parent/guardian _____

Date: _____