



Medical Administration & Child Awareness Form

10x Nora Oliver Sports Summer 2026 Program

Location: 90 Locust St, Medford, MA

Child Information

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email: _____

Health & Allergy Disclosure

Please list any medical conditions (e.g., asthma, diabetes, etc.):

Please list any allergies (e.g., food, environmental, medication):

Does your child carry any emergency medication (e.g., EpiPen, inhaler)?

Yes No

If yes, please specify: _____

Medication Administration

Medication Name: _____

Dosage: _____

Time(s) to be Administered: _____

Special Instructions: _____



I give permission for 10x Nora Oliver Summer Program staff to administer this medication to my child as directed.

Yes No

Parent/Guardian Signature: _____ Date: _____

Sunscreen Permission

I give permission for my child to have sunscreen applied during camp hours.

Yes No

If child has specific sunscreen sensitivities, please list:

Emergency Contacts & Authorized Pick-Up

Emergency Contact 1: _____ Phone: _____

Relationship: _____

Emergency Contact 2: _____ Phone: _____

Relationship: _____

Persons Authorized to Pick Up Child (Include Names & Phone Numbers):

1. _____

2. _____

3. _____

My child is allowed to (check all that apply):

- Walk home alone
- Bike home alone
- Must be picked up by authorized person only



Photo & Media Permission

I give permission for photos/videos of my child to be taken and used on the 10x Nora Oliver LLC website, social media, or promotional materials.

Yes No

Water Play Permission

I give permission for my child to participate in supervised water play activities such as sprinklers and water balloons.

Yes No

I hereby release and hold harmless 10x Nora Oliver LLC, its staff, volunteers, and affiliated individuals from any and all liability for injuries, illness, or damages arising from my child's participation in camp activities, including but not limited to physical activity, water play, and outdoor exposure.

I understand that staff will take all necessary precautions to ensure the safety of my child and that I have provided all relevant health information.

Parent/Guardian Signature: _____ Date: _____