

Parental Authorization to Administer Medication

This Medication Form must accompany **All** medication to be given at Camp. All medication Must be given to the Camp First Aid person at the time of arrival, in the original container, whether it is a perscription or over the counter medication.

Name of Camper: _____ Age: _____

Church Name: _____ Leader Name: _____

I understand that the camp First Aid person and/or the Camp Leadership shall not be liable to the camper's parent/gardian for civil damages for any personal injuries to the camper, which result from acts or omissions in administering any medication. I also give permission to First Aid person and/or Camp Leadership to administer medication to my child.

Sign: _____ Date: _____

MEDICATION MUST BE BROUGHT IN ORGINAL CONTAINER

Reason for medication to be given and/or comments: _____

Side effects to be reported to the parent: _____

Side effects requiring immediate medical attention: _____

List of Medication:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

	Breakfast	Lunch	Dinner	Bed Time
Monday				
Tuesday				
Wednesday				
Thursday				

Notes from First Aid person: _____
