

Parental Authorization to Administer Medication

2021

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: