

## **PERMISSION FORM FOR MEDICATION ADMINISTRATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

### **TO BE COMPLETED BY THE PARENT/GUARDIAN**

Diagnosis/Reason for medication: \_\_\_\_\_

**MEDICATION:** \_\_\_\_\_ Administer: \_\_\_\_\_

Tablet/capsule   Liquid   Inhaler   Nebulizer   Ointment   Route \_\_\_\_\_

**INSTRUCTIONS:** 1) TIME \_\_\_\_\_ 2) AMOUNT \_\_\_\_\_

### **RESTRICTIONS AND/OR SIDE EFFECTS**

\_\_\_\_\_ None anticipated   \_\_\_\_\_ Yes describe: \_\_\_\_\_

### **SPECIAL STORAGE REQUIREMENTS**

\_\_\_\_\_ None   \_\_\_\_\_ Refrigerate   \_\_\_\_\_ Other \_\_\_\_\_

I give permission for my child to receive the above medication at SeaCamp according to SeaCamp policy.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **For Inhalers, Nebulizers, and Epi-Pens**

**Is camper capable and responsible for self-administering this medication?**

\_\_\_\_\_ No   \_\_\_\_\_ Yes

**May camper carry this medication?**

\_\_\_\_\_ No   \_\_\_\_\_ Yes

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_