

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:** _____

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:** _____