

PERMISSION FORM FOR MEDICATION ADMINISTRATION

TO BE COMPLETED BY THE PARENT/GUARDIAN

Child Name: _____

Date of Birth: _____ Grade: _____ Date of Camp: _____

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 _____

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

I authorize the Texas State Aquarium camp personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

PARENT / GUARDIAN NAME (Please Print): _____

RELATIONSHIP: _____ **PHONE:** _____

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____