Adventures in Writing Camp

Permission to Administer Medication Form

This form will be kept with the medication and the Site Administrator will take a picture of the signed form as back-up documentation. Medication will be returned each day to parents unless directed differently by parents.

Name of Child: _____

Name of Parent:_____ Parent Phone Number: _____

Medicine Information
All medication must be in original container with the prescription label still intact. This medication will be dispensed by camp personnel only.

Name of Medication #1:
How and when to administer Medication #1:

Name of Medication #2:
How and when to administer Medication #2:

Name of Medication #3:
How and when to administer Medication #3:

Consent to Administer Medication
This agreement must be signed or accepted by the parent before staff can dispense any medication.

I give permission online to administer the above medication to my son/daughter:

_____ _____
Parent/Guardian Signature Date

Medication Administration Journal

Time Given	Date	Given by: Staff Signature