



Medication Administration Permission Form

Parents: If your child needs to take any medication at camp, please complete the top half of this form and submit the entire sheet with the medication to the camp health consultant. All medication (both over the counter and prescription) must be in its original container with original pharmacy label or manufacturer's label. Medication will not be administered unless is is accompanied by this form.

Camper's name _____

Medication _____ Dosage _____

To be given regularly at these prescribed times:

- A.M. (Before Eating)
- A.M. (After Eating)
- P.M. (Before Eating)
- P.M. (After Eating)
- Other Time

To be given only as needed for: _____

Medication _____ Dosage _____

To be given regularly at these prescribed times:

- A.M. (Before Eating)
- A.M. (After Eating)
- P.M. (Before Eating)
- P.M. (After Eating)
- Other Time

To be given only as needed for: _____

Medication _____ Dosage _____

To be given regularly at these prescribed times:

- A.M. (Before Eating)
- A.M. (After Eating)
- P.M. (Before Eating)
- P.M. (After Eating)
- Other Time

To be given only as needed for: _____

Medication _____ Dosage _____

To be given regularly at these prescribed times:

- A.M. (Before Eating)
- A.M. (After Eating)
- P.M. (Before Eating)
- P.M. (After Eating)
- Other Time

To be given only as needed for: _____

The above named girl is authorized to carry and use emergency injection medication and/or inhaler(s) used for the treatment of asthma.

Signature of Parent/Guardian _____

Date _____