

Medication Release/Administration Form

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp
2. Bring the medication IN THE ORIGINAL BOTTLE (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name- _____ Birth date: _____ Sex: ____ M ____ F
(Month/Day/Year)

Church group student came with _____
(Church Name) (Church City & State)

Name of Medication _____

Purpose for medication use (e.g- allergies, asthma, antibiotic)

Form of medication: Tablet Capsule Liquid Inhalation Other (specify)

Dosage (amount to be given): _____ How often or at what time:

Remarks or special instruction: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature () - () - _____
Daytime Phone # (include area code) Evening hone # (include area code) Date

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose3	Dose4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial

= Name

Initial

= Name

Initial

= Name

Initial

= Name

Notes or comments: