



Written Parent/Guardian Consent  
For Medication Administration



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Print Please)

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Medications my child is currently receiving. Please list all medicines the child is receiving, including those given during program hours as well as at home.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Known Allergies: \_\_\_\_\_



Consent

1. I give permission for the medical staff to give the following medication

\_\_\_\_\_ prescribed by \_\_\_\_\_ to  
(Name of Medication) (Doctor's Name)

\_\_\_\_\_  
(Child's Name)

2. I give permission for my child to self administer medication if the medical staff determines it is safe and appropriate. Yes \_\_\_\_\_ No \_\_\_\_\_

3. I give permission for the medical staff to share with appropriate personnel information relative to the prescribed medicine administration, e.g. adverse side effects, as he/she determines necessary for my child's health and safety. Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: I understand that medicine must come to camp in the original packaging with instructional label. On the last day of the program, I will need to personally come to camp to retrieve any left over medication. If I do not pick up the medication on my child's last day of camp I understand that the medication will be destroyed for safety reasons.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_