

Parental Request for Medication

Please note: Medication shall be given to students only with signed, written permission. Permission shall contain date, type, drug name, time and dosage. It shall be in the original container, not have an expired date, and be labeled with the appropriate student's name. Dosages greater than specified on the label shall not be given.

Student's Name: _____ Date: _____

I hereby authorize the day camp director or his/her designee to administer the following Medications to my child:

Drug name and or prescription #

Dosage to be given _____ Times(s) to be given _____

Special Instructions

(Parent/Guardian Signature & Date)

***** Person administering medication shall record time given and initial*****				
Monday	Tuesday	Wednesday	Thursday	Friday

