

Permission to Administer Medication

(one medication per form)

I give permission for my child to be given the following medication:

Child's Name: _____

Name of Medication: _____

Dosage: _____ Refrigerate? Yes No

Dates to be Given: _____

Times to be Given: _____

Special Instructions: _____

Possible Reactions: _____

Parent's Signature: _____

Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Dosage:					
Date:					
Times:					
Nurse Initials:					

*** MEDICATION TO BE RETURNED IN STUDENT SUITCASE AFTER CAMP ***

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