

## PERMISSION TO ADMINISTER MEDICATION

**PLEASE NOTE:** A NEW FORM SHOULD BE USED FOR EACH MEDICATION, WHETHER PRESCRIPTION OR NON-PRESCRIPTION. MEDICATION MUST BE IN ORIGINAL CONTAINER WITH THE CHILD'S NAME VISIBLY AND CLEARLY WRITTEN ON PACKAGING. PLEASE INCLUDE ONE ZIP LOCK BAG PER CHILD NEEDING MEDICATION TO SECURE ALL MEDICINES AND ACCOMPANYING PERMISSION FORMS IN ORDER TO AID PERSON ADMINISTERING MEDICATION.

I hereby authorize **CAMP DEER LAKE (CDL)** to administer *(NAME OF MEDICATION):* \_\_\_\_\_

which is labeled *(PRESCRIPTION # OR BRAND):* \_\_\_\_\_

to my child *(CHILD'S NAME):* \_\_\_\_\_

according to the instructions on the medication label.

DOSAGE:      1 TEASPOON                    2 TEASPOON                    OTHER \_\_\_\_\_

FREQUENCY:  EVERY HOUR                    EVERY 2 HOURS                    EVERY 4 HOURS

OTHER \_\_\_\_\_

TIME LAST ADMINISTERED BY PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRST DOSAGE TO BE ADMINISTERED BY CDL: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN PRESCRIBING MEDICATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

SIGNED *(PARENT OR GUARDIAN):* \_\_\_\_\_ DATE: \_\_\_\_\_

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### RECORD OF DISPENSATION

DATE	TIME	AMOUNT	INITIAL

DATE	TIME	AMOUNT	INITIAL

DATE RETURNED TO PARENT: \_\_\_\_\_ OR DATE DISPOSED OF: \_\_\_\_\_