

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: _____