

Medication Release Form

Staff cannot administer medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: must be signed by a parent or guardian. All prescriptions must be in the original container.

Staff will hold and dispense medication according to physician's instructions or instructions on over-the-counter medication with a written prescription from their doctor. The summer camp will retain the medication for the duration of the session and return any unused medication at the end of each session.

Over-the-counter & Prescription Medications: to be signed only by parent or guardian, however, physician information is still necessary.

Name of Child: _____ **Date:** _____

Medicine: _____ **Dosage:** _____

Method of Administering (i.e., injection, inhaler, etc.): _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ **Is Condition Contagious?** YES NO

Dates to be administered: From _____ To _____

Time(s): _____

(Note: We will only dispense medication as per labeled instructions.)

Parent's Signature: _____ **Phone:** _____

We will not administer any medication without this form 100% completed and signed.

Following to be Completed by Recreation Leader

| Name of Child: _____ | | | | | |
|--------------------------------|---------------|----------------|------------------|-----------------|---------------|
| Name of Medicine: _____ | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Time to Be Given AM: | | | | | |
| Signature of Staff | | | | | |
| Time to Be Given PM: | | | | | |
| Signature of Staff | | | | | |