

## 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*

<b>Name of Child:</b>					
<b>Name of Medicine:</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Time to Be Given AM:					
Signature of Staff					
Time to Be Given PM:					
Signature of Staff					