



## Permission to Give Medication Form

name of camp participant \_\_\_\_\_ dob \_\_\_\_\_

parent name \_\_\_\_\_

day phone \_\_\_\_\_ evening phone \_\_\_\_\_

Is parent on-site this week? \_\_\_\_\_

Name of prescription \_\_\_\_\_

Prescribing doctor's name \_\_\_\_\_

Doctor's phone \_\_\_\_\_ after hours phone \_\_\_\_\_

Parent signature \_\_\_\_\_

Additional notes: