

# 2009 Medical Permission Form

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

**Yes**, my camper will be taking medication while at camp. I will complete this form and sign & date below.

**No**, my camper will not be taking medication while at camp. I will sign & date the bottom of the page to indicate I have seen this form

**Prescription medication must be in the original pharmacy container with the original label attached; child's name, dosage and instructions must be legible.**

The medication must be turned into the Camp Office upon arrival at Camp and will be returned at the end of each day/week. *Children may not take any form of medication on their own or keep medicines in their bags or pockets.*

I hereby authorize Camp Connor staff to administer the following prescription medication \_\_\_\_\_

According to the following instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MEDICATION RECORD SHEET:** A FORM SIMILAR TO THIS WILL BE FILLED OUT DAILY BY STAFF AND KEPT ON FILE.

<b>DATE:</b>	<b>MEDICATION</b>	<b>DOSAGE</b>	<b>GIVEN BY</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Remember to  
Sign & Date**

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / **2009**