



MEDICATION ADMINISTRATION FORM

(Please Print Clearly)

CAMPER'S NAME _____ AGE _____

PARENT'S NAME _____

PARENT'S HOME # _____ CELL # _____ WORK # _____

GUARDIAN'S NAME _____

GUARDIAN'S HOME # _____ CELL # _____ WORK # _____

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE # _____

	YES	NO
Do we have permission to take your child to the nearest hospital in case of an emergency?	___	___?

Is your child presently taking medication?	___	___
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If so what is the medication? _____

Do we have permission to administer medication that you provide for your child?	___	___
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Is your child allergic to any medication, food, insect bites or stings?	___	___
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If yes, which ones? _____

Does your child have any other medical needs or special needs that we should know about? _____

Explain: _____

_____ YES, I have completed my child's permission form and give Jerry Clark Foundation staff permission to administer medication provided by me.

FIRST AID

_____ YES, The Jerry Clark Foundation Staff is allowed to administer first aid treatment for minor abrasions, minor ailments, insect bites and stings.

_____ NO, The Jerry Clark Foundation Staff is not allowed to administer first aid to my child.

NON-PRESCRIPTION MEDICINE

_____ YES, The Jerry Clark Foundation Staff is authorized to give my child over the counter medications such as cough medicine, aspirin, antacid, etc., provided by the staff's first aid kit or me.

NOTE: Any medication provided from The Jerry Clark Foundation Staff's First Aid Kit will require parent or guardian's verbal consent.

_____ NO, The Jerry Clark Foundation Staff is not authorized to give my child prescription or nonprescription medicine,

PRESCRIPTION MEDICINE

- Please provide and label all medication with child's name.
- DO NOT PUT MEDICATIONS IN LUNCH BOX.
- All medications are to be given to a staff member at check-in.

_____ YES, The Jerry Clark Foundation Staff is authorized to give my child the following medications:

Name of medication (s)

Dosage _____

Time of Dosage _____

PARENT/GUARDIAN SIGNATURE

DATE