

**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:**

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\_\_\_\_ YES, I have completed my child's permission form and give Camp Village staff permission to administer medication provided by me.

**FIRST AID**

\_\_\_\_ YES, The Jerry Clark Foundation Summer Football Camp Staff is allowed to administer first aid treatment for minor abrasions, minor ailments, insect bites and stings.

\_\_\_\_ NO, The Jerry Clark Foundation Summer Football Camp Staff is not allowed to administer first aid to my child.

**NON-PRESCRIPTION MEDICINE**

\_\_\_\_ YES, The Jerry Clark Foundation Summer Football Camp Staff is authorized to give my child over the counter medications such as cough medicine, aspirin, antacid, etc., provided by Tom Gordon Summer Football Camp Staff's first aid kit or me.

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

\_\_\_\_ NO, The Jerry Clark Foundation Summer Football Camp 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 Summer Football Camp Staff is authorized to give my child the following medications:

Name of medication (s)

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Dosage \_\_\_\_\_

Time of Dosage \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE