



**WRITTEN PARENT/GUARDIAN CONSENT
FOR PRESCRIPTION MEDICATION ADMINISTRATION 2019**

Name of Student _____ Date of Birth: _____

Parent/Guardian **Printed** Name: _____

Telephone numbers: Home: _____ Work: _____

Cell: _____ Emergency: _____

Other person(s) to be notified in case of medication emergency:

Name: _____ Phone Number(s): _____

Relationship: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): please list all medications the child is receiving, including those given during the school day.)

1. _____ 2. _____ 3. _____ 4. _____

My son/daughter has the following food or drug allergies: _____

Consent

1. I consent to have the camp nurse or camp personnel designated by the Camp Nurse administer the medication _____ prescribed by: _____
(Name of medication)
_____ to _____
(Licensed Prescriber) (Name of Student)

2. I give permission for my son/daughter to self-administer medication, if the camp nurse determines it is safe and appropriate (check one) _____ yes // _____ no

3. I give permission to the camp nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

4. I agree to bring the medications in the original, properly dated and labeled container, will keep a dosage count at home, and will deliver refills as needed. I will promptly pick up any unused medications. I understand I may retrieve the medication from the camp at any time; however the medication will be destroyed if it is not picked up within one week following termination of the order or on the last day of camp closing in August, 2019.

Parent/Guardian Signature

Relationship to student

Date