

Camp Integrations

Building Skills for Fun and Friends

Medication Administration Consent Form

I hereby provide my consent for the staff of Camp Integrations to administer prescription medication to my son, _____ as directed below. I have also provided a physician's note stating that it is medically necessary for my child to receive the indicated medication during camp hours.

Name of medication(s): _____

Time(s) medication should be given: _____

Amount: _____

Special instructions: _____

Parent Signature

Date

