



ADMINISTRATION MEDICATIONS

ONE MEDICATION PERFORM

PARENT'S CONSENT AND INSTRUCTIONS:

CHILD'S NAME: _____

NAME OF MEDICATION: _____

EXPIRY DATE: _____

DOSE OR AMOUNT TO BE ADMINISTERED: _____

TIME(S) TO BE ADMINISTERED: _____

ADDITIONAL INSTRUCTIONS:

REASON FOR ADMINISTERING MEDICATION:

PARENT APPROVAL:

I request that, and give permission for, the staff of Crossroads/Truth Summer Camp to administer medication to my child, according to the Doctor's prescription and following the above detailed instructions.

SIGNATURE OF PARENT

DATE