



Camper Name _____

Day camp staff cannot distribute medications to campers, whether over-the-counter or prescription, without parent or guardian permission. In order for the day camp health supervisor to give any medication brought from home to campers, a signed copy of this completed form must be on file with the day camp.

Parent/Guardian Name(s)	
•	unter Medications from Home rom home that your camper may need at camp, please provide these in
original packaging with doctor/parent in	
Medication	Instructions for Administration
above mentioned over-the-counter ar	(insert camper's name) has my permission to receive the nd/or prescription medications.
Signature of Parent/Guardian	
Date	