University of Minnesota Youth & Community Programs
MEDICATION PERMISSION FORM

Written permission with specific instructions must accompany all prescription and non-prescription medications <u>in the original, labeled container</u> to be administered at camp.

Child's Name ____

Parent Name(s) ____
Address ____
____
Phone(s) ____

Medication Name ____________________ Condition being treated ______________________________
Possible side effects ____
Medication Dosage ____________________________ Time to Administer ________________________
Frequency ___________________________________ How long (# of days) ______________________
Any Special Instructions ____

I authorize the Youth Programs staff to administer the above medication as prescribed during camp hours:

Parent/Guardian Signature ____ Date ________________

Summer Programs STAFF: Fill in **the date, time & initials** whenever dispensing medication.

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