



MILTON CAMPUS | 2021 SUMMER CAMP

## Medication Permission Form

### Parental/Guardian Permission for the Administration of Medication

Camp staff may give non-prescription medications with parental permission. The following guidelines must be followed:

1. The camp staff must assess the child's complaint and symptoms to determine if other measures can be used before medication is to be given.
2. The camp staff must be notified of any allergies, especially to medication, that your child has or any medication that your child takes on a regular basis.
3. **All medications** (prescription and non-prescription) **sent to the school must be in the original container and must be kept in the office, with the exception of Emergency Medications and this is with office approval. (This is the law)**
4. A record of medication given will be kept by the office.
5. Camp staff must use restraint at all times in the use of nonprescription medicines.

**Please contact the office should you have any questions at 684-4983. Please sign either the permission or the refusal section and return ENTIRE form to school office.**

**YES, I have read the above and give permission for the nurse or trained staff to give the following as deemed necessary by the nurse or trained staff. Please check ALL that apply. Medications may be name brand or generic brand:**

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (generic Tylenol)                                       | <input type="checkbox"/> Ibuprofen (generic Motrin, Advil) |
| <input type="checkbox"/> Diphenhydramine (generic Benadryl)                                    | <input type="checkbox"/> Cough Medicine (Robitussin)       |
| <input type="checkbox"/> Antacid (Maalox, Tums, etc)   | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Hydrocortisone Cream, Benadryl Cream, Neosporin Ointment, Anbesol Gel |  |

**Parent/Guardian** (Signature) \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFUSAL FOR MEDICATION ADMINISTRATION. I have read the above and DO NOT give permission for the nurse or trained staff to give non-prescription medicine to my child.**

**Parent/Guardian** (Signature) \_\_\_\_\_ **Date:** \_\_\_\_\_