



CAMPER PERMISSION-TO-CARRY MEDICATION FORM

Please use one form per camper per session. Thank you.

All medications are to be administered by the Kroc Center Inclusion Coordinator, or other designated personnel. Parents may authorize campers to carry/ administer their own medication in the case of those needed for potentially life-threatening situations (e.g.: epi-pens for anaphylactic reactions or inhalers).

Medications must be dropped off & picked up each day by the parent or authorized adult. Any medications to be left overnight must be documented in the Centrally Stored Medications Log book and picked-up at the end of the camper's enrollment for the season.

Camper's Name _____	Age: _____	
Session: _____	Dates: _____	Camp Name(s): _____
Medication: _____	Dosage: _____	Time of administration: _____

Name of Physician: _____	Phone Number: _____
Physician's Complete Address _____	
<i>By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose of and appropriate administration of this medication and all other pertinent information regarding the medication and has authorized him or her to self-administer as necessary.</i>	
Name of Parent/ Legal Guardian: _____	
_____ Parent/ Legal Guardian Signature	_____ Date
<i>By signing below, the camper acknowledges that she/ he fully understands the purpose and appropriate administration of the above medication.</i>	
_____ Camper Signature	_____ Date