

**MEDICATION PERMISSION FORM**  
***(Completed form required for ALL students)***

Our nurse will have select over-the-counter medications on hand available to students as needed (i.e. headache, minor pain, etc.) during camp/retreat. A guardian's permission is required to administer these medications. *If you DO NOT give permission to staff to administer over-the counter medications without calling you first, a guardian still must complete this form.*

Child's Name: \_\_\_\_\_

Name and Date Camp/Retreat: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:**

- I **DO NOT** give permission to staff to administer medications listed on this form to my child without contacting me first.
- I **DO** give permission to staff to administer selected medications listed below per package directions to my child without contacting me first.

**Please provide height, weight and age:**

Child's Height: \_\_\_\_\_ Child's Weight \_\_\_\_\_ Child's Age \_\_\_\_\_

**Check all that apply:**

- Tylenol (acetaminophen)
- Advil (ibuprofen, Motrin)
- Tums
- Benadryl (diphenhydramine)
- Claritin (loratadine)

**PLEASE NOTE: NURSE WILL HAVE THESE MEDICATIONS ON HAND. NO NEED TO SEND ADDITIONAL WITH YOUR CHILD.**