

PARENTS: MEDICATION CAN ONLY BE ACCEPTED OR ADMINISTERED BY THE CAMP DIRECTOR OR DIVISION HEADS. DO NOT PUT MEDICATION IN CAMPER'S BAG OR LUNCH. ONLY THOSE MEDICATIONS THAT ARE PRESCRIBED BY A PHYSICIAN AND LABELED WITH YOUR CHILD'S NAME BY A LICENSED PHARMACIST WILL BE ADMINISTERED. ALSO, THE PARENT MUST SIGN A MEDICATION PERMISSION SLIP BEFORE MEDICATION WILL BE GIVEN. **PLEASE SAVE THIS FORM FOR THAT PURPOSE.**

PRESCRIPTION MEDICATION PERMISSION AND INSTRUCTION FORM

CHILD'S NAME _____ WEEK OF _____

I give my full permission for **SUMMER IMPRESSIONS** staff to give or apply the following medication _____.

	Date	Prescription #	Dosage	Time(s)	Administered by	Time(s)
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						

TIMES TO BE GIVEN _____

AMOUNT (DOSAGE) OF MEDICATION EACH TIME GIVEN _____

STORAGE OF MEDICATION _____

OTHER SPECIAL INSTRUCTIONS _____

SIGNATURE OF PARENT _____ DATE _____

**PLEASE CUT AT LINE AND SEND BOTTOM IN FOR ALL CAMPERS.
SAVE TOP UNTIL NEEDED.**

SUNSCREEN/INSECT REPELLENT PERMISSION SLIP

I GIVE SUMMER IMPRESSIONS AND ANY EMPLOYEE OF SUMMER IMPRESSIONS PERMISSION TO APPLY SUNSCREEN AND/OR INSECT REPELLENT TO MY CHILD:

_____ AT ANY TIME NEEDED DURING THE 2005 SUMMER CAMP PROGRAM. I WILL PROVIDE THE SUNSCREEN AND/OR REPELLENT LABELED WITH MY CAMPER'S NAME.

PARENT/GUARDIAN SIGNATURE