

Medication Release Form

Parents - please fill out and bring with you to camp.

This form **MUST** be filled out and signed by your physician in order for the camp nurse to administer any needed medications (both prescription and non-prescription such as Ibuprofen, Tylenol, allergy medication, etc.) All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders, camper's name and physician's name intact), and given to the camp nurse. Send ample supplies. Over the counter medications must also be in original containers. List below all medications your child needs to be given while at camp.

Camper's Name _____ Date _____

Name of medication(s) _____

Time(s) to be taken _____

Amount to be taken _____

The camp medical staff has my permission to administer the above medication(s).

Parent or Guardian Signature _____ Date _____

Physician's Signature _____ Date _____

CHECK MEDICATIONS BELOW, THAT PARTICIPANT MAY RECEIVE IF DEEMED NECESSARY:

____ Non-aspirin pain medication (Advil) ____ Acetaminophen/Tylenol ____ Robitussin Cough Syrup
____ Antacids (ex. Roloids) ____ Antiseptics

I am of the opinion that _____ can participate in the **2012 Clinton County 4-H Camp June 5-9, 2012**. I further declare that he/she has no physical, mental, or communicable conditions that will interfere with participation in this program. I consider his/her health to be:

Poor fair Good Excellent

Signature of Parent/Guardian _____ Date _____