



## Medical Release Form

**(This only needs to be filled out if you wish our staff to administer some sort of medication to your child.)**

Camper's Name \_\_\_\_\_

Parent/guardian Name \_\_\_\_\_

Medication: \_\_\_\_\_ Prescription # \_\_\_\_\_

Times of day medication is to be given \_\_\_\_\_

Method of giving dosage \_\_\_\_\_

Amount of each dosage \_\_\_\_\_

Date from \_\_\_\_\_ to \_\_\_\_\_

Reason for medication \_\_\_\_\_

Physician: \_\_\_\_\_  
Name Contact Information (Phone Number)

I hereby authorize the FLAG Camp Administrative Staff to administer the prescribed medication to my child as provided. I understand that a medication log record will be kept on file.

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

Date: \_\_/\_\_/2021

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

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

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