



PARENTAL AUTHORIZATION TO ADMINISTER MEDICATION

This medication form must accompany ALL medication to be given at Falls Creek. All medications **MUST** be given to our First Aid person at the time of departure in the original container, whether it is a prescription or over the counter medication.

I hereby give my permission to the First Aid person and to designated camp staff to administer medication to my student at Falls Creek.

Name of Student _____

Age: _____ Weight: _____ Name of medication: _____

Reason for medication to be given and/or comments: _____

Time(s) to administer medication: _____

Dates to administer medication: _____

Side effects to be reported to parents: _____

Side effects requiring immediate medical attention: _____

I understand that the Falls Creek First Aid person and/or Falls Creek staff shall not be liable to the student, parent, or guardian of the student for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication at Falls Creek.

Signature of Parent or Legal Guardian

Date

MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

Optional -Return only if your camper needs medication