

# 2017 CYO Day Camp Medicine Administration Permission

I \_\_\_\_\_ give permission for the CYO Day Camp  
(name of parent/ guardian)

EMT Staff permission to administer \_\_\_\_\_  
(medication/ dosage)

to my child \_\_\_\_\_.  
(name of camper)

This medication is for \_\_\_\_\_.  
(condition/ reason for medication)

So we know this is to be administered (please CIRCLE and specify times, etc) :

Daily \_\_\_\_\_

As Needed \_\_\_\_\_

In case of Emergency \_\_\_\_\_

Parents Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

REMINDER: Campers ARE NOT allowed to carry medications with them throughout the day, they must be kept in the camp Office!

Parents Signature \_\_\_\_\_

Parents Name Printed \_\_\_\_\_

Date \_\_\_\_\_

**Please return this to Camp with your Child and their medication in a Ziploc type bag with the child's name on it!**