

Medication Form for Day Camp Participant

- Medication must accompany the camper in original contained and turned into staff at drop off.
- For medication to be administered, camper must see the Camp Director or designee.
- Medication is NOT to be kept in lunchboxes, backpacks, or with camper.
- A new form must be filled out for each additional medication.

I hereby grant permission to the Camp Director or designee to assist in the administration of the following medication to my child:

Name of Medication: _____ Dosage: _____

Treatment Of: _____ Time Given: _____

Physician Name: _____ Number: _____

Staff Signature: _____ **Amount Received:** _____

WAIVER TO ADMINISTER MEDICATION

The undersigned recognizes that the Branson Parks and Recreation Day Camp staff member, who will be responsible for ensuring above medication, is not a pharmacist and accepts full responsibility for ensuring the above medication and further acknowledges that neither such a person or the City of Branson shall have any responsibility or liability arising from the above listed child taking medication in accordance with the instructions on the label. The undersigned also authorizes a Branson Parks and Recreation Day Camp staff member to administer the medication listed above.

Signature of Parent/Guardian: _____ **Date:** _____

Monday	Tuesday	Wednesday	Thursday	Friday
Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:
Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:
Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:	Dose: Time: Initials:

My child has asthma and is able to carry and administer their own inhaler: Yes / No
 Staff must remain notified of inhaler, but camper has permission to administer as needed