

**Medication Parental Consent Form
Coast to Coast Camps**

Child's Name _____

If Prescription Medication:

Medication Name _____

Physician's Name _____

Physician's Phone _____ Expiration Date _____

*Dosage Amount _____ *Dosage Times _____ Last Dosage Given _____

****The dosage amount and times must adhere to the instructions on the medication bottle.**

Method of Administration (oral, eye, ear, etc.) _____

How Should Medicine be stored _____

Possible Side Effects _____

If Non-Prescription Medication:

Medication Name _____ Expiration Date _____

Why medication is needed _____

*Dosage Amount _____ *Dosage Times _____ Last Dosage Given _____

****The dosage amount and times must adhere to the instructions on the medication bottle.**

Method of Administration (oral, eye, ear, etc.) _____

I, _____ give C2C Kids/C2C Preschool permission to administer the above named medication to my child as detailed. **I understand that C2C Kids/C2C Preschool do not employ medical personnel, and that non-medically trained staff will be administering the medication to my child.**

Parent Signature _____ Date _____

Staff – Before Accepting the medication, Check the following:

1. Must be in the original bottle with original labeling (including over the counter medicine)
2. If prescription, it must have the child's name on it
3. The bottle must have dosage information
4. Medication can not be expired

Staff Signature _____ Date _____

All interaction with medication must be recorded on the back of this form in the following format:

Date/ Time Given/ Dosage Amount/ Staff Initials/ Reactions (if any)