



Permission to Administer Medication

Each time your child requires medication to be administered at camp please complete this permission form. You may retain this copy for future use. Additional copies are available on the Camp Website.

Please indicate whether this medication is prescription or non-prescription:

Prescription Medication

Non-Prescription Medication

I hereby give my permission to the staff (Camp Directors and Program Facilitators) of the JICS Summer Lab Camp to administer:

Name of Medication

Prescription Number, if applicable

Dosage

Schedule for Administering (include date range, if applicable)

to my child, _____ according to the
medical physician's instructions printed on the prescription container (for Prescription
Medication) or according to the medical physician/parent's instructions (attach or provide
instructions below).

Instructions:

Signature of Parent/Guardian

Date

Check here if permission is ongoing for the duration of the camp session, and can be administered on any day.

For Office Use Only (attach log, if medication is administered for multiple days)

Staff Name: _____ Date: _____ Time: _____

Name of Medication: _____ Quantity: _____ Signature: _____

Observations/Notes:



Dr. Eric Jackman Institute of Child Study
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