



# Medication Permission Form

Child's Name:	Parent/Guardian Name:
Camp:	Phone:

The following medication has been prescribed for this child and request that any dosage falling during the duration of Eagle Bluff's camp/program be administered by Eagle Bluff personnel. Please note, authorization is also needed for non-prescription medications.

**Medication:** \_\_\_\_\_

Condition for which prescribed: \_\_\_\_\_

Typical side effects: \_\_\_\_\_

Unusual side effects that may require action: \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Intervals \_\_\_\_\_

Additional instructions for dispensing: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

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*Eagle Bluff staff to fill in date, time, and initial whenever dispensing medication!*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday