



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name:

MEDICATION RELEASE

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp or child care hours, or in the event your child has a medical condition of which the Branch should be aware, please complete the information requested, sign and return this form to the Branch.

Child's Name _____ Age (as of registration date) _____

Day Camp/Child Care Program _____

Name(s) of Parent(s)/Guardian(s):

Mother's/Guardian's Name _____

Phone 1 _____ Phone 2 _____

Father's/Guardian's Name _____

Phone 1 _____ Phone 2 _____

Medication (including prescription medicine and over the counter medicine):

Medication _____

Dosage _____ Time(s) to Administer _____

Possible Side Effects/Special Instructions _____

Medication _____

Dosage _____ Time(s) to Administer _____

Possible Side Effects/Special Instructions _____

Medication _____

Dosage _____ Time(s) to Administer _____

Possible Side Effects/Special Instructions _____

Medical Condition(s): Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require the Branch to administer the child's medicine.

Condition	Symptoms	Medication/Dosage	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Parent/Guardian Signature and Date)

(Print Parent/Guardian Name)

