

2024 CYO Day Camp Medicine Administration Permission

I _____ give permission for the CYO Day Camp
(name of parent/ guardian)

EMT Staff permission to administer _____
(medication/ dosage)

to my child _____.
(name of camper)

This medication is for _____.
(condition/ reason for medication)

So we know this is to be administered (please CIRCLE and specify times, etc) :

Daily _____

As Needed _____

In case of Emergency _____

Parents Name _____

Cell Phone Number _____

Work Phone Number _____

REMINDER: Campers ARE NOT allowed to carry medications with them throughout the day, they must be kept in the camp Office!

Parents Signature _____

Parents Name Printed _____

Date _____

Please return this to Camp with your Child and their medication in a Ziploc type bag with the child's name on it!