

# KEMET SUMMER YOUTH CAMP

## Medication Permission Form

**If your child requires medication during camp hours the following rules must be observed:**

You must sign this document as evidence of your consent.

Complete the following medication profile for your child.

A separate authorization form must be filled out for **each** medication administered.

There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as a reasonable prudent person would act under the same similar circumstances.

**Medication must be in the original pharmacy-labeled bottle.**

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**(Consent :)** As legal parent or guardian, I hereby authorize:

**(Child's name)**\_\_\_\_\_ to take the medication that I will provide, and authorize Kemet Summer Youth Camp staff to store these medication according to camp policies, and assist with administration of the medication as directed. I further agree to inform the camp of any changes in medication, including changes in when the medication is taken, change in dose, new or different medication, a reaction to the medication, or discontinuation of medication. I further understand that this consent applies to the current year only, and next year I am required to sign another consent form.

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**Parent/Guardian Name – Print**

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**Parent/Guardian Signature**

**Date** \_\_\_\_\_