

**Medication Parental Consent Form  
View Church Camp**

**Staff – Before Accepting the medication, Check the following:**

- Must be in the original bottle with original labeling (including over the counter medicine)
- If prescription, it must have the child's name on it
- The bottle must have dosage information
- Medication can not be expired
- Last Dosage was given: \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

All interaction with medication must be recorded on the back of this form in the following format:

Date/ Time Given/ Dosage Amount/ Staff Initials/ Reactions (if any)

Child's Name \_\_\_\_\_

**If Prescription Medication Fill out this portion of the form and sign below**

Medication Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Dosage Amount \_\_\_\_\_ \*Dosage Times \_\_\_\_\_ **Last Dosage Given** \_\_\_\_\_

**\*\*The dosage amount and times must adhere to the instructions on the medication bottle.**

Method of Administration (oral, eye, ear, etc.) \_\_\_\_\_

How Should Medicine be stored \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

**If Non-Prescription Medication, Fill out this portion of the form and sign below**

Medication Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Why medication is needed \_\_\_\_\_

\*Dosage Amount \_\_\_\_\_ \*Dosage Times \_\_\_\_\_ Last Dosage Given \_\_\_\_\_

**\*\*The dosage amount and times must adhere to the instructions on the medication bottle.**

Method of Administration (oral, eye, ear, etc)\_\_\_\_\_

I, \_\_\_\_\_ give View Church Camp permission to administer the above named medication to my child as detailed. **I understand that View Church Camp does not employ medical personnel, and that non-medically trained staff will be administering the medication to my child.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Date	Time Given	Dosage Amt	Staff Initials	Reaction(if any)

