

**PERMISSION FORM FOR MEDICATION ADMINISTRATION**

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

Diagnosis/Reason for medication: \_\_\_\_\_

**MEDICATION:** \_\_\_\_\_ **Administer:** \_\_\_\_\_

Tablet/capsule   Liquid   Inhaler   Nebulizer   Ointment   Route \_\_\_\_\_

**INSTRUCTIONS:** 1) TIME \_\_\_\_\_ 2) AMOUNT \_\_\_\_\_

**RESTRICTIONS AND/OR SIDE EFFECTS**

\_\_\_\_\_ None anticipated   \_\_\_\_\_ Yes describe: \_\_\_\_\_

**SPECIAL STORAGE REQUIREMENTS**

\_\_\_\_\_ None   \_\_\_\_\_ Refrigerate   \_\_\_\_\_ Other \_\_\_\_\_

**For Inhalers, Nebulizers, and Epi-Pens**

**Is camper capable and responsible for self-administering this medication?**

\_\_\_\_\_ No   \_\_\_\_\_ Yes

**May camper carry this medication?**

\_\_\_\_\_ No   \_\_\_\_\_ Yes

I authorize the Texas State Aquarium camp personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

**PARENT / GUARDIAN NAME (Please Print):** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_