

Delaware Nature Society – Parent Permission Form for Medication

This form must be filled out every session – please print

Child's Age _____ Child's Camp This Week _____

Please give _____ of _____
(child's name) (amount) (medication)

at (time) _____ on the days & dates indicated: ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri

Reason for Medication _____

_____ # of Pills in bottle _____

Special Instructions _____

Parent's Signature

Date

Phone Number

Physician's Name

Phone Number

Medication must be in the original bottle. Prescribed drugs will only be given at the dosage indicated on the prescription bottle label. Over the counter medication will only be dosed according to dosage on the label. Please only leave enough pills for the week.