West Geauga Recreation Council Day Camp (WGRC)

Permission to Administer Medication

Section I: Parent Request for Administration of Medication

I give permission to the WGRC Day Camp to administer the following medication to my child:

Name of Child	Name of Medication	Dosage	Time of Dosage
Signature of Parent	Date of Signature	Expiration Date of Medication (not to exceed six months from date of this request):	

Section II: Prescription Medication (Complete when the prescription label is attached)

RX Number	Pharmacy	
Street Address of Pharmacy		Phone Number
Method of Administration	Instructions if "to be given as needed"	

Section III: For Day Camp Use Only and is to be Completed by a Designated Person:

_____ was given _____
Name of Child Name of Medication

_____ at the following time(s) on the following date(s): see below:
Dosage

Date of Dosage	Amount and Time of Dosage	Signature of Person Administering Medication

Use reverse side to record additional dosages, if needed.