MEDICATIONS PERMISSION FORM

I HEREBY AUTHORIZE A DAUPHIN ISLAND SEA LAB REPRESENTATIVE TO DISPENSE THE MEDICATIONS INDICATED BELOW TO MY CHILD, _____, AS NEEDED.
ENROLLED IN SESSION DATES _____.

_____ _____
PARENT/GUARDIAN SIGNATURE **DATE**

List any medications you plan to send with your child and the reasons she/he takes them.

Each *prescription* should be in a prescription medicine bottle bearing your child's name and showing the correct dose and amount. If the dosage is different, a signed note with the correct information must be included. **This form is also required for any over-the-counter medications, such as Tylenol, Benadryl, etc**, and corresponding instructions should be attached to this form. Place the medication in a Ziploc bag with his/her name on the outside. Please look at camp activities and plan appropriately.

Parent/Guardian Fill out this section: (Attach a separate sheet if more space is needed)

NAME OF MEDICATION	DOSAGE/SPECIAL INSTRUCTIONS

For Program Documentation: (Staff will document each time medication is administered)

Medication	Date/Time										