



**PARENT RELEASE FOR
ADMINISTRATION OF MEDICATION**
Form must be completed for each program and/or season.

PRINT CLEARLY – USE BLACK INK ONLY

Name of Youth	Date
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I hereby request that the staff of Camp Fire, or qualified personnel authorized to provide medical services at any Camp Fire activity, function or event, administer or provide the following prescription medication to my child. Please note that Camp Fire staff or appointed personnel will store all medication (with the exception of rescue inhalers and Epi pens) in a secure location during the program. Older youth (6th-12th grade) will be responsible for self-administering medication under staff supervision.

Medication	Amount	Time

Is it okay to administer over-the-counter products, such as aspirin, Tylenol, Pepto Bismol, Neosporin, etc. for minor ailments? Yes No

Is it okay to provide and/or apply sunscreen and/or insect repellent? Yes No

Is there anything that should not be given or done?

Possible reactions, side effects, or behaviors of which staff or volunteers should be aware:

I release Camp Fire Sunshine Central Florida, its staff, volunteers or appointed agents, from all liability for reactions which my child may suffer as a result of any of the above actions.

Name: _____ Signature: _____

Date: _____