BCA Medication Release Form

If medications are needed during the camp day, I will be responsible for following all procedures and providing all necessary paperwork. Medication will not be distributed to my child(ren) until this form is completed.

I, ______________________________________ (parent/guardian), hereby grant permission for BCA staff to administer medication to my child during the camp day as described below:

Child’s Name: ________________________________________________________________
Camp Name and Dates: _________________________________________________________

Name of medication: ___________________________________________________________
Amount to be administered: _____________________________________________________
Instructions:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Special storage of medication: _________________________________________________

Physician’s Name: ____________________________________________________________
Physician’s Phone: ____________________________________________________________

Please Note: All medication must be in original container.
Please remember to collect your medication at the end of the camp week.
All medications left at BCA Studios will be disposed of.

_________________________________                               ___________
Parent/Guardian Signature                        Date