

# BCA

## 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 will be disposed of.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date