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