



Over the Counter (O.T.C.) Medication Permission Form

Date received by Fort Wayne Parks and Recreation Day Camp: _____

MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

Child: _____ Date of birth (age): _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Reason for medication:

Name of medication:

Form of medication/treatment: ___ Tablet/Capsule ___ Injection ___ Liquid
___ Inhaler ___ Other _____

Instruction: (list specific times dosage should be given):

Start date: _____ Stop date: _____

___ For episodic/emergency events only

RESTRICTIONS and/or important side effects:

___ NONE anticipated

___ Yes: Write clearly on the reverse side of this form any specific restrictions or side effects.

Special requirements: _____ None ___ Refrigerate _____ Other: _____

Physician Name:

Address:

Phone: (_____) _____



TO BE COMPLETED BY PARENT/GUARDIAN:

I give permission for (name of child) _____
to receive the above medication at the Fort Wayne Parks and Recreation Day Camp. I
understand that the person dispensing the medication may not be medically trained. I agree to
inform the Fort Wayne Parks and Recreation Supervisor(s) immediately of any changes relating
to the medication or other medical information, including changes in when or if the medication is
taken or any reaction to the medication. When medication is discontinued or upon completion of
the camp, I will pick up all unused medication. Unclaimed medications may be discarded or
destroyed.

Date: _____ Signature: _____