



Medical Release Form

(This only needs to be filled out if you wish our staff to administer some sort of medication to your child.)

Camper's Name _____

Parent/guardian Name _____

Medication: _____ Prescription # _____

Times of day medication is to be given _____

Method of giving dosage _____

Amount of each dosage _____

Date from _____ to _____

Reason for medication _____

Physician: _____
Name Contact Information (Phone Number)

I hereby authorize the FLAG Camp Administrative Staff to administer the prescribed medication to my child as provided. I understand that a medication log record will be kept on file.

Parent's Signature: _____

Date: __/__/2024

Parent's Printed Name _____

Parent's Contact Phone Number: _____

Parent's Alternate Phone Number: _____