Youth Programs Participant
Medication, Conditions, & Restrictions

One form per participant, per medication. All medication must be in original container.

Participant's Name: _____

Name of Medication: _____

Dosage: _____ Route: _____

At the Following Times: _____

Explanation (Why is medication necessary during camp hours?):

_____

Does the participant have any conditions or restrictions you would like us to be aware of?

☐ Yes *(if yes, please list below)* ☐ No

_____

I, the parent/guardian of the above-mentioned participant understands that there shall be no liability for civil damages as a result of the assistance of such medication where a person assisting such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby grant permission to the Site Supervisor or his/her designee to assist with the medication listed below to the participant named above:

Will assistance of medication be required? ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

----------*For Office Use Only*----------

Date	Time Given	Site Supervisor Assisting	Staff Witness