BGSU
Bowling Green State University

PERMISSION TO DISPENSE MEDICATION BY CAMP PROGRAM STAFF

Box 1	The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

☐ Prescription Medication ☐ Nonprescription Medication ☐ Food Supplement

☐ Topical Product or Lotion ☐ Refrigeration Required ☐ Modified Diet

Name of Child	Date of Birth	Weight
Name of Medication		Exact Dosage
To be administered at the following times	For the following period of time	

☐ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian	Date

Box 2	The following section must be completed by a licensed medical professional if any of the following apply to the medication above.

1. The medication contains codeine.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician’s instructions exceed the manufacturer's instructions or use.

Name of child	Name of medication, vitamin, diet supplement
Dosage	Possible side effects to watch for are

Expiration date

(May not exceed twelve months from the date of this request for medications or food supplements).

Instructions

This child is under my care and should receive the above medication as written.

Signature Date Phone number