



## Medication Release Form

Child's Name (please print): \_\_\_\_\_

Parent / Guardian (please print): \_\_\_\_\_

1. Allergy / Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

When to Administer: \_\_\_\_\_

How to Administer: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

2. Allergy / Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

When to Administer: \_\_\_\_\_

How to Administer: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) give permission for the daycamp staff at Talisman Centre to aid my child \_\_\_\_\_ in administering the above listed medication(s) in an emergency situation. No other medication, except that which is listed above, shall be administered without my direct consent, except by trained medical staff.