

## CLASSICS SUMMER CAMPS 2026

**PERMISSION FOR MEDICATION ADMINISTRATION**  
**(only required if the child or children need medication administered)**

I hereby authorize the staff of CLASSICS SUMMER CAMPS to administer the following medication as prescribed for the child listed below.

NAME OF CHILD: \_\_\_\_\_

NAME OF MEDICATION:

CONDITION:

## MEDICATION INSTRUCTIONS:

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EMERGENCY NUMBER: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN:

**SIGNATURE**

DATE