

**CLASSICS SUMMER CAMPS 2024**

**PERMISSION FOR MEDICATION ADMINISTRATION**

I hereby authorize the staff of the UNIVERSITY LANGUAGE ACADEMY FOR CHILDREN to administer the following medication as prescribed for the child listed below.

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

NAME OF MEDICATION: \_\_\_\_\_

CONDITION: \_\_\_\_\_

MEDICATION INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE