

CLASSICS SUMMER CAMPS 2025

**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:

EMERGENCY NUMBER: _____

NAME OF DOCTOR: _____ PHONE NUMBER: _____

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE

DATE