

Medication Permission Sheet

Name of Child: _____

Name of Medication: _____ (Medication must be in original bottle)

Prescription Date & Number: _____

Dosage Prescribed: _____

	Mon.	Tues.	Wed.	Thurs.	Fri.
Dosage given & Time					
Initials					
Dosage given & Time					
Initials					
Dosage given & Time					
Initials					
Dosage given & Time					
Initials					
Dosage given & Time					
Initials					

I hereby give permission to the Anoka County Parks Nature Day Camp Staff to administer the medication specified to my child upon my written instruction of this medication sign-in sheet. A child that has been prescribed medication for an illness cannot be allowed into the facility unless they have been on medication for at least 24 hours.

PARENT/GUARDIAN _____
(Signature)

(Date)