

CONSENT FORM FOR SELF-ADMINISTRATION OF MEDICATION

(Top portion only to be completed by caregiver.)

Child's name: _____ Date: _____

Child's address: _____

I, _____, the undersigned parent/caregiver of the above-named minor, authorize the medical director of GIAC's summer camp or a representative thereof to dispense medication that has already been prescribed by the minor's doctor (listed on the bottom half of form).

Signature of Parent/Caregiver _____ Date _____

Address _____ Phone _____

The period of time over which this authorization exists is as follows:

Beginning at 12 midnight on _____ July _____ 7th _____ 2014
Month Day Year

Ending at 12 midnight on _____ August _____ 18th _____ 2014
Month Day Year

THIS PORTION TO BE COMPLETED BY PHYSICIAN

Name of medication: _____

Recommended dosage: _____

Comments: _____

Physician's name: _____

Physician's signature: _____ Date: _____

Physician's address: _____ Phone: _____

THIS PORTION TO BE COMPLETED BY G.I.A.C. STAFF

G.I.A.C. Medical Director's name: _____

G.I.A.C. Medical Director's signature: _____