

**PARENT/GUARDIAN PERMISSION TO MEDICATE
SUMMER AT BROOKWOOD 2008**

Child's name _____ Date of Birth _____

This completed and signed form must accompany the medication your child brings to Summer At Brookwood. This includes all prescription drugs, non-prescription drugs, over-the-counter medicines, vitamins, inhalers, medicated creams, herbal remedies, etc.

Medication _____

Dose _____

Time to be given _____

Possible side effects _____

Dates to be given _____

I give permission for the summer school nurse or designated personnel to give the above medication to my child.

Parent/Guardian _____

Date _____

I give permission for my child to carry and self-administer the above INHALER if the camp nurse feels it is safe and appropriate.

Parent/Guardian _____

Date _____

I give my permission for _____ to carry and self-administer the above referenced inhaler.

Camp Nurse/Health care Consultant _____

Date _____