



Medication Permission Form for Summer Program 2016

Medication must be delivered in the original pharmacy labeled container. Prescription drug labels must include the student's name, name of the drug, strength, dose, the interval between doses, and name of the provider authorizing the medication.

The medication must be delivered by the parent to the Crossroads Academy camp director. Please note that there is not a nurse on campus during this program, and that in signing this form, you are designating permission for the camp director to administer medications to your child. Medications should not be carried in student's backpacks/pockets. This is of particular importance if the medication is a prescription drug since many of these drugs are controlled substances.

Please pick up any remaining medication at the end of the camp session.

I request that my child _____ receive the following medication at
(child's name)
school:

Drug Name	Dose/Route	Time of Day
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Dates and duration of medication treatment _____

Reason for medication: _____

Other Medications my child is taking: _____
(Medication names and doses)

Physician's Signature _____ Date _____

*A signed prescription or letter from your physician is also acceptable

I authorize the Crossroads Academy camp director or a designee of the Head of School to assist my child in taking the above stated medication during school hours. I agree that I will not hold liable these members of the Crossroads Academy staff for harm or injury resulting from the administration or assistance in the administration of this medication. I am aware that there is not a nurse on campus during these camp hours.

Parent Signature _____ Date _____