

MEDICATION LOG
Permission Form to Assist in Medication
*Please print legibly.



This form must be completed when a camper is taking prescription or non-prescription medication during registered program hours. Every effort should be made by the parent/guardian to administer medication prior to/after camp hours. If this is not possible then BREC Staff will assist in the medication according to the information provided by the parent/guardian on this form. Staff may not accept medication that is not in its original container or that is past the expiration date on the container. This information provided by the parent/guardian should match the directions on the original container as well. The original container should have the following information on it: camper's name, type of medication, time dosage to be given, and other specific instructions. Registered campers are not allowed dispensing their own medication. BREC staff will only accept the exact dosage needed during the registered program hours. The staff will not be responsible for administering injections.

I authorize BREC staff to assist my child, _____ in administering the following medication (s) listed below.

Camp location: _____ Camper name: _____

Name of Medication	Dosage	Day (s) to be given	Time (s) (am/pm) to be given	Special Instructions

Printed parent/guardian name _____ Contact number: _____

Parent/guardian signature _____ Date _____

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[illegible]