

**PNA Junior Camp  
Parent Request for Administration of Medication**

Camper's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Dosage/Type \_\_\_\_\_

Scheduled time(s) to take it \_\_\_\_\_

Precautions, special instructions, possible adverse effects or comments:

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Parent Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing this form, I hereby give permission to the Junior Camp nurse to assist my child in taking the above-prescribed medications. I also agree to hold the camp and its employees and volunteers free from any or all suits, which might arise out of these arrangements.

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