

**KMAK PARENTAL AUTHORIZATION
TO ADMINISTER MEDICATION**

This medication form must accompany ALL medication to be given at KMAK. All medications MUST be given to the Camp First Aid person at the time of arrival in the original container, whether it is a prescription or over the counter medication.

I hereby give my permission to the Camp First Aid person and to designated camp staff to administer the below listed medication to my child while at KMAK.

Name of Child _____

Age: _____ Weight: _____

Church Name: _____

City: _____

I understand that the camp first aid person and/or the KMAK staff shall not be liable to the student, parent, or Guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication at KMAK.

Signature of Parent or Legal Guardian

Date

MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

Reason for medication to be given and/or comments:

Time(s) to administer medication at camp: _____

Dates to administer medication: _____

Side effects to be reported to parents: _____

Side effects requiring immediate medical attention: _____

PLEASE TURN OVER TO LIST MEDICATION AND DAYS TAKEN

List of medications and dosage:

Indicate medicine and when it should be given

Medicine Name	A.M. Breakfast	Noon Lunch	P.M. Dinner	Bed Time

Notes from First Aid Person:
