

TWISTERS GYMNASTICS SUMMER CAMP 2023
385-A FRANKLIN AVE ROCKAWAY NJ 07866
P. (973) 627-3276 F. (973) 627-3255

**MEDICAL PERMISSION FORM &
INDIVIDUAL MEDICATION RECORD**

(Only hand in IF your child takes medication that we will need to administer.)

Child Name _____

Medication _____

Prescription _____ Non Prescription _____ Dr's
Approval _____

Condition _____

Amount to be Administered _____

Frequency of Medication _____

Refrigeration Required _____ Yes _____ No

Possible Adverse Reaction (s) _____

SIGNATURE OF PARENT / GUARDIAN

_____ Date _____

Staff Member(s) authorized to administer medication:

Name _____ Signature _____

Name _____ Signature _____

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