



Mobile STEAAM Solutions 2025 Summer Enrichment Camp Permission to Administer Medicine Form

Participant Information

- **Child's Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Parent/Guardian Name:** _____
- **Parent/Guardian Phone:** _____
- **Email:** _____

Medical Information

- **Child's Physician:** _____
- **Physician's Phone:** _____

Medication Information

- **Medication Name:** _____
- **Reason for Medication:** _____
- **Dosage (Amount to Administer):** _____
- **Method of Administration (e.g., oral, topical):** _____
- **Frequency (Times of Day):** _____
- **Special Instructions (if any):** _____

Storage Requirements

- **Does the medication need refrigeration?**
[] Yes
[] No

Permission to Administer

I, the undersigned, as the parent or legal guardian of the above-named child (the "Participant"), give permission for **Mobile STEAAM Solutions** staff or designated personnel to administer the above-listed medication to my child during camp hours according to the instructions provided.

I understand that it is my responsibility to provide the medication in its original container, clearly labeled with my child's name, the name of the medication, and proper dosage instructions. I will also ensure that the medication is not expired.

Acknowledgment and Release

I acknowledge that camp staff are not medical professionals, and I agree to hold **Mobile STEAAM Solutions**, its staff, and any volunteers harmless for any adverse effects resulting from the administration of the medication as instructed. I understand that I will be notified immediately if there are any concerns or issues related to the administration of the medication.

Emergency Medical Care

In the event of a medical emergency, I give consent for my child to receive emergency medical care if necessary. I understand that I will be contacted as soon as possible in case of an emergency.

Agreement and Signature

By signing below, I acknowledge that I have read and understand the conditions of this permission form, and I authorize the administration of the medication as directed.

- **Parent/Guardian Signature:** _____
- **Parent/Guardian Printed Name:** _____
- **Date:** _____

Medication Drop-Off and Pick-Up Information

Please note that all medications must be dropped off with camp staff on the first day of camp and picked up by the parent/guardian on the last day of camp. Medications left behind will be disposed of in accordance with local regulations.

This form ensures that medication is administered safely and that all necessary instructions are followed.