



MOUNTAIN HARMONY CAMP MEDICATION PERMISSION FORM 2019

CAMPER INFORMATION			
Camper Name:		Birthdate:	Age: Weight:
Allergies:			
Parent Name/s			
Emergency #'s			

MEDICATION INFORMATION							
Medication Name:	Dosage:	Schedule					Reason for medication:
		As needed	Breakfast	Lunch	Dinner	Bedtime	

PARENT / GUARDIAN PLEASE READ AND SIGN BELOW:	
<p>I, as the parent/guardian of the camper named above, request that Mountain Harmony Camp, Sweet Adelines International, Pacific Shores Region 12 staff administer medications to my child as listed above. I understand an appropriate staff member will administer both over the counter and prescribed medications in accordance with my instructions indicated above.</p> <p>I understand that Mountain Harmony Camp, Sweet Adelines International, Pacific Shores Region 12 members are not legally obligated to administer medications to my child, and therefore, I agree to hold its members from any and all responsibility for the results of such medication, or the manner in which it is administered. I hereby indemnify any staff member against loss by reason of any civil judgement arising out of these arrangements which may be rendered against them.</p> <p>I will notify staff immediately if any medical or contact information changes.</p>	
Parent/Guardian Signature _____	Date: _____

All medication must be in its original packaging.
Prescription medication must include a prescription label.
Please send medication and this form in a zip lock bag labeled with camper's full name.