



Sunshine Kids Club Camp

175 Klee Mill Road • Sykesville, Maryland 21784 • Phone: 410-549-0844

Where your child makes memories that last a lifetime!

RE: SELF-ADMINISTRATION OF CAMPER MEDICATION

I, (parent/guardian name) _____
do hereby allow my child _____ to administer
medication to themselves under the supervision of the staff/nurse at
Sunshine Kids' Club Camp. I understand that all precautions will be taken
to ensure that my child will receive the correct dosage of medication as
outlined on the medication order form. I understand that all medication,
prescription or over the counter medications must be stored in their original
containers. Under no circumstances will medication be given if it is not in
the original container. The medication order form must accompany this
release to be kept on file in the camp office. This form is in compliance with
the Department of Health and Mental Hygiene regulation 10.16.06.33 non-
prescription and prescription medicines.

Signature: _____

Date: _____

PRINT Parent/Guardian Name: _____

Address: _____

Daytime contact number: _____