



Sunshine Kids' Club Summer Camp

2011 Self Administration of Camper Medication

175 Klee Mill Road, Sykesville, MD 21784 (410) 549-0844

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: _____

Email: _____

Day time contact number: _____