

## MEDICAL PERMISSION SLIP AND DOSAGE INFORMATION

Please complete and sign this permission slip if your child will be requiring medication, prescription or over the counter, while at 1452 Foundry's Band Camp. All medications should be in the original pharmacy container with the label intact. Each should include your child's full name, name of medication, and proper dosage.

Thank you for your cooperation.

You have my permission to give (Child's name) \_\_\_\_\_, her/his medication while at 1452 Foundry's Band Camp.

1. Name of Medication: \_\_\_\_\_

Reason for Giving Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

2. Name of Medication: \_\_\_\_\_

Reason for Giving Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

3. Name of Medication: \_\_\_\_\_

Reason for Giving Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

