



KIDS for the BAY

A Project of Earth Island Institute

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Mandi Billinge, Executive Director/Founder

Camper Medication Permission Form

Date: _____

Parent/Guardian Name: _____

Camper Name: _____

I, _____, am a parent/guardian of the above-named Camper. I give full permission to KIDS for the BAY (KftB) Summer Camp Staff to administer the following medication(s) and/or medical device(s) to my child (the "Camper") while they are participating in KIDS for the BAY Summer Camp from the dates of _____ to _____:

Medication/Medical Device Name	Dosage Amount and Timing	Reason for Administration

I will provide the above medication(s) and/or medical device(s) to the KIDS for the BAY Summer Camp Staff. I will provide training on how to administer the medication and/or use the medical device to the Summer Camp Staff upon my or KIDS for the BAY's request.

Note: Please attach any additional information or notes to this form.

Signature of Parent/Guardian

Date

I acknowledge receipt of this permission to administer the above-indicated medication(s)/medical device(s) to the above-named Camper.

Signature of KftB Camp Staff Member

Date

Name of KftB Camp Staff Member