AUBURN HILLS
RECREATION

MEDICATION PERMISSION AND INSTRUCTIONS

The following must be completed by the parent/guardian for **EACH** medication.

TO BE COMPLETED BY PARENT

I give my permission for __Auburn Hills Summer Day Camp to give or apply the medication _____ to my child_____, as follows.

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication
5. Storage of Medication	
6. Any Other Directions	
Signature of Parent	Date

TO BE COMPLETED BY THE STAFF GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	STAFF NAME