

YOUTH OUTREACH MINISTRY, INC.

P.O. BOX 18500, PENSACOLA, FLORIDA 32523-8500

SUMMER CAMPS (850) 969-1690
CAMP O' THE PINES (850) 479-6555
SPORTS CENTER DAY CAMP (850) 969-1689
TEEN EXTREME CAMP (850) 969-1555
FAX (850) 479-6576

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

INSTRUCTIONS: All routine prescriptions, OTC medications, and supplements administered by the camp nursing staff must be listed on this form. Bring this form along with the camper's medication in **original labeled container** to camp check-in. (Please do not send this to the Camp office.)

I. CAMPER INFORMATION (to be completed by parent)

| | | | |
|-----------------------------------|-------------|---------------|------------------------|
| Camper Name (First, Middle, Last) | | Date of Birth | Age |
| Parent/Legal Guardian | City, State | | Preferred Phone Number |

II. TREATMENT PLAN (to be completed by healthcare professional)

| Medication | Dosage & Time | Condition/Symptoms | Comments |
|--------------------------------------|-----------------------------------|----------------------|--|
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| Print Healthcare Professional's Name | | State License Number | |
| Signature of Healthcare Professional | Healthcare Professional's Address | | Healthcare Professional's Phone Number |

III. PARENTAL PERMISSION (to be completed by Parent/Legal Guardian)

I, _____ give permission for my child to take the medication shown above at camp and hereby request the camp personnel to assist in administering said medication to my son/daughter, (name) _____, as prescribed by a healthcare professional. I understand and acknowledge that: (1) I do hereby release and forever discharge Youth Outreach Ministry, Inc. and its employees, agents, volunteers, and servants, together with its parent corporation and its subsidiaries and affiliates, and including the directors, officers, employees and agents thereof, of and from any liability, damages, claims, demands, rights, actions, and causes of actions that might arise on account of any loss, damage, or injury to (son's/daughter's name) _____ or expenses of whatever kind which may be sustained as a result of administering or failing to administer said medication; (2) medication should be brought to the camp only by a responsible adult; (3) medication must be in its original labeled container; (4) medication will be destroyed if it is not picked up within one week following the last day of camp; and (5) any change in medication requires a new form.

Parent/Legal Guardian Signature

Date

THIS FORM IS VOID IF ALTERED IN ANY WAY