

Nichols Day Camp

PO Box 472 ~ Blue Hill, ME ~ 04614

Phone ~ 207-374-9906 Fax ~ 207-374-5862

Website ~www.nicholsdaycamps.org E-mail ~ office@nicholsdaycamps.org

MEDICATION CONSENT FORM

Name of Camper: _____

Program/Session Attending: _____ Age: _____

Parent/Guardian Name:

Home Address:

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name of Medication: _____

Time of Dosage: _____

Dosage: _____

Additional Instructions, if any:

This permission slip must be completed, signed and on file at the camp office prior to any medication coming to Nichols Day Camp.

Your signature gives permission to Nichols Day Camp to administer medication to your child while at camp. We also need your child's Physician's signature.

Signature of Parent or Guardian

Date

Signature of Physician

Date