University of Southern Maine ArtLab Programs
MEDICATION PERMISSION FORM

Written permission with specific instructions must accompany all prescription and non-prescription medications in the original, labeled container to be administered at camp.

Child's Name _____

Parent Name(s) _____

Address _____

Phone(s) _____

Medication Name _____

Condition being treated _____

Possible side effects _____

Medication Dosage _____ Time to Administer _____

Frequency _____ How long (# of days) _____

Any Special Instructions

_____

_____

I authorize the ArtLab Programs staff to administer the above medication as prescribed during camp hours:

Parent/Guardian Signature _____ Date _____

ArtLab STAFF: Fill in **the date, time & initials** whenever dispensing medication.