

**REQUEST FOR ADMINISTRATION OF  
MEDICATION AT CAMP**  
**PARENT**

I here by give permission for First Aid to administer the following medication to my child for the YouthCrossing Winterblast (February 10 – February 12, 2023). This permission shall be effective during YouthCrossing Winterblast camp only.

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for use: \_\_\_\_\_

Dose to be administered: \_\_\_\_\_

Time and circumstances of administration: \_\_\_\_\_

\_\_\_\_\_

Name of prescribing Physician:

\_\_\_\_\_  
(first) (last) (MD, DO, DDS, DMD)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)