



Planet Kids at Croatian Club - Milton Medication Release & Permission to Administer

If your child will require medication of any kind (prescription or non-prescription) while at camp, please complete the information below.
Please note: Planet Kids will only accept the daily dosage amount of medication each day. If your child is attending multiple weeks of camp this form is required each week.

On Monday please have this form completed giving it to the Camp Director, along with your child's medication for that day in a sealed Ziploc bag. Tuesday-Friday please give the medication in a sealed Ziploc bag labeled with your child's name, to the designated Bus Monitor or Camp Director. Unless medication needs to be stored in a fridge, medication will be given to the appropriate staff each day, it will not be kept with the camper.

Asthma Inhalers and Epi-pens:

These are the only medications that will be kept in the possession of the camper that requires them. This form is still to be completed and signed by the parent/guardian, giving Planet Kids Staff permission to administer if required.

CAMPER & CAMP PROGRAM INFORMATION:

Child's Name: _____ Male ____ Female ____ Last Grade Completed: _____

Week Attending (please select from below)

Jul 5-9 Jul 12-16 Jul 19-23 Jul 26-30 Aug 9-13 Aug 16-20 Aug 23-27

Camp Attending (please check below):

- | | | |
|---|---|--|
| <input type="checkbox"/> All-Star Sports SK-1 | <input type="checkbox"/> Discovery Gr.1-3 | <input type="checkbox"/> Kinder Max |
| <input type="checkbox"/> All-Star Sports Gr.2-4 | <input type="checkbox"/> Discovery Gr.4-6 | <input type="checkbox"/> Ultimate Sports |
| <input type="checkbox"/> CIT | <input type="checkbox"/> Hands-On Science | |

MEDICATION INFORMATION:

Name of Medication: _____

Does medication need to be kept refrigerated? (please circle one) YES NO

Day(s) to be administered (please check):

**we only accept the daily dosage amount of medication. This form is only required Monday, each week of camp, your child is attending.

Monday Tuesday Wednesday Thursday Friday

Time(s) to be administered: 1. _____ 2. _____ 3. _____ 4. _____

Dose(s) to be administered each time: _____ / _____ / _____ / _____

PARENT INFORMATION:

By signing this form I the parent/guardian give permission to Planet Kids Summer Camps to administer the medication listed above.

Print Full Name: _____ Day Telephone #: _____

Parent/ Guardian Signature: _____ Date: _____