



WE ARE: GRACE: GOLD

Join us for a GRACE-filled summer!

Medical Consent and Release Form

Student Name _____ Grade _____

Student Address _____

Phone _____ Birthdate _____

Physician's Name _____ Phone _____

If your child needs to take medication during camp, please fill out the section below:

Name of Medication _____

Check one: _____ non-prescription _____ prescription

Reason Medication is to be given _____

Amount to be given _____

Route to be given _____ How often to given _____

Date/s to be given _____

Time of day to be given _____

Possible side effects _____

If your child has any allergies, please fill out the section below:

Known allergies to: _____

Allergic reactions include: _____



WE ARE: GRACE: GOLD

Join us for a GRACE-filled summer!

What to do when an allergic reaction is occurring with your child: _____

As the parent/guardian, of the above mentioned student, I give GRACE: Gold Summer Camp permission to administer the medication indicated above. I will keep the program aware of any changes in medication(s) profile or health concerns of my child. **We do not administer any medication that does not have the prescription label or over the counter label on the container.**

As a part of the Wisconsin Statute Chapter 118.29, Administration of Drug to Pupils and Emergency Care, school districts are required to have permission from a medical provider and/or parent to administer medication at school. As part of this authorization form, school employees may contact the medical provider with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.

Parent/Guardian Signature _____

Date _____