

# RANDOLPH GYMNASTICS SUMMER CAMP 2017

3 MIDDLEBURY BLVD RANDOLPH, NJ 07869

P. (973) 584-4111 F. (973) 584-9967

## MEDICAL PERMISSION FORM & INDIVIDUAL MEDICATION RECORD

Child Name \_\_\_\_\_

Medication \_\_\_\_\_

\*If your child does not take medication that needs to be administered by the  
camp, please write "None"

\_\_\_\_\_ Prescription      \_\_\_\_\_ Non Prescription      \_\_\_\_\_ Dr's Approval  
Required

Condition \_\_\_\_\_

Amount to be Administered \_\_\_\_\_

Frequency of Medication \_\_\_\_\_

Refrigeration Required      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Possible Adverse Reaction (s) \_\_\_\_\_

### SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_ Date \_\_\_\_\_

Staff Member authorized to administer medication

Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_