

RANDOLPH GYMNASTICS SUMMER CAMP 2019

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 _____

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