

**Medication Permission Form**  
**Camp Rockridge: June 17-20, 2024**

Permission is hereby granted to the Troup Baptist Association Camp Staff to assist with the administration of medication to my child as indicated below:

**Child's Name** \_\_\_\_\_

Cabin Assignment \_\_\_\_\_

Total number of medications - \_\_\_\_\_ Use multiple forms if more than two.

Medication \_\_\_\_\_

Time(s) to be given \_\_\_\_\_

Amount to be given \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Administered and Initialed

	am	am	pm	pm
Monday				
Tuesday				
Wednesday				
Thursday				

Medication \_\_\_\_\_

Time(s) to be given \_\_\_\_\_

Amount to be given \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Administered and Initialed

	am	am	pm	pm
Monday				
Tuesday				
Wednesday				
Thursday				

**Parent's name** \_\_\_\_\_

**Parent's number - home:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**Emergency name & number** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Medical Condition**

**Parent's Signature** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_