



**MELODY PINES DAY CAMP
PARENT/GUARDIAN PERMISSION TO ADMINISTER MEDICATION**

In accordance with NH State Law:

- 1. All medications must be delivered the original labeled container and must be unexpired.*
- 2. Medication orders, provided by the licensed health care practitioner, shall be valid for no more than 1 year.*

MEDICATION INFORMATION:

CAMPER NAME: _____ D.O.B.: _____

PARENT/GUARDIAN: _____ PHONE: _____

MEDICATION: _____

PRESCRIBED BY: _____ DIAGNOSIS: _____

DOSAGE: _____ TIME OF ADMINISTRATION: _____

SPECIAL INSTRUCTIONS: _____

PARENT/GUARDIAN PERMISSION: I hereby authorize the designated staff person of Melody Pines Day Camp to administer the above medication/s in accordance with the prescription label or written medication order provided by the licensed health care practitioner who is legally authorized to write the prescription. In consideration for this service, I (we) further hereby agree that I (we) will not hold liable, and will otherwise save harmless, Melody Pines Day Camp and/or any employee thereof for any death or injury resulting from the administration or assistance in the administration of the medication described above.

Parent Signature: _____ Date: _____