

Brevard County Parks & Recreation Youth Programs Participant Administration of Medication, Conditions & Restrictions



One form per participant, per medication. All medication must be in original container. Participant's Name: _____ Name of Medication: _____ Dosage: Method of Administration: At the Following Times: Explanation (Why is medication necessary during camp hours?): Does the participant have any conditions or restrictions you would like us to be aware of? Yes (if yes, please list below) No I, the parent/guardian of the above-mentioned participant understands that there shall be no liability for civil damages as a result of the administration of such medication where a person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. I hereby grant permission to the Site Supervisor or his/her designee to assist in the administering of the medication listed below to the participant named above: Is assistance in administration of medication required? Yes No Parent/Guardian Signature: Date:

For Office Use Only

Date	Time Given	Site Supervisor Administering	Staff Witness