

Camp Counselor: _____

New Life Bible Camp Medication Release Form

I hereby give my permission to the NLBC camp staff to administer to my child, _____, the following medications:

Medication & Dosage <small>List each medication separately and the dosage for that med.</small>	Time <small>AM, Noon, Night, etc.</small>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
		<small>Do NOT fill in these areas! Our staff will initial each day at the appropriate time when the medicine is administered.</small>					
1.							
2.							
3.							
4.							

Camp Week _____ Parent/Guardian Signature _____ Date _____