

# Camp Manna Ministries, Inc.

## Medication Release Form

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

<u>Medication (must be sent in labeled medication bottle)</u>	<u>Dosage Amt</u>	<u>Time to be Administered</u>
_____	_____	_____
_____	_____	_____

- \_\_\_\_\_ (initials) I authorize Camp Manna staff/volunteers to assist in administering medication listed above to my child.
- \_\_\_\_\_ (initials) I authorize Camp Manna staff/volunteers to administer my child's inhaler (if applicable)
- \_\_\_\_\_ (initials) I authorize Camp Manna staff/volunteers to administer epi-pen to my child (if applicable)

Please provide any additional information we may need

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby release Camp Manna Ministries, Inc., It's Staff and volunteers from any and all liability that may result from the administration of the above medication. I agree to bring/send the medication in a properly labeled container from the pharmacy or original container. It is my responsibility to pick up unused medications, inhalers, epi-pen, etc at the end of the summer. Medication items will be held until October 1<sup>st</sup> of each calendar year. At that time any unclaimed items will be disposed of. Thank you!*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date