



Medical/Dietary Information and Release Form

Child's Name: _____ **DOB:** _____ **Age:** _____

Summer Program: Lobs & Lessons Discovery

1st Emergency Contact Name: _____

Phone Number: _____ **Relationship:** _____

2nd Emergency Contact Name: _____

Phone Number: _____ **Relationship:** _____

List all allergies/dietary concerns: _____

If your child needs to have medication administered while at MFYC Summer Programs, please read and complete the following.

- Please fill out one Form per child/per medication and return prior to the start of camp.
- For children who have other special medical needs, camp directors will meet with the parent(s) or guardian(s) of such children and develop a mutually acceptable plan designed to address the medical circumstances of each individual child.
- Over-the-counter medications, vitamins, homeopathic remedies, and nutritional supplements will not be accepted unless they are scheduled for daily administration and accompany a physician's order.
- Parents are required to bring medication to the program. As a safety precaution, the child will not be allowed to bring in or take home medication.
- Medication must be received in the original prescription container with original date and instructions.
- It is the responsibility of the parent to make sure the child has the proper amount of medication.
- No medication will be administered to any child, nor will any child be allowed to take any medication without a completed Form.

Medication: _____ **Dosage:** _____

Duration (length of time to be taken): _____

How taken (by mouth, inhaled, eye drop, etc.): _____

Time medicine should be administered (check any that apply): Breakfast Lunch As needed

Special or more specific instructions (time): _____

MFYC Summer Program staff has permission to administer the above medication to my child.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

