



### Over the Counter (O.T.C.) Medication Permission Form

Date received by Fort Wayne Animal Care & Control Day Camp: \_\_\_\_\_

#### MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

Child: \_\_\_\_\_ Date of birth (age): \_\_\_\_\_

#### TO BE COMPLETED BY THE PARENT OR GUARDIAN

Reason for medication:

\_\_\_\_\_

Name of medication:

\_\_\_\_\_

Form of medication/treatment: \_\_\_ Tablet/Capsule \_\_\_ Injection \_\_\_ Liquid  
\_\_\_ Inhaler \_\_\_ Other \_\_\_\_\_

Instruction: (list specific times dosage should be given):

\_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

\_\_\_ For episodic/emergency events only

#### RESTRICTIONS and/or important side effects:

\_\_\_ NONE anticipated

\_\_\_ Yes: Write clearly on the reverse side of this form any specific restrictions or side effects.

Special requirements: \_\_\_\_\_ None \_\_\_ Refrigerate \_\_\_\_\_ Other: \_\_\_\_\_

Physician Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



**TO BE COMPLETED BY PARENT/GUARDIAN:**

I give permission for (name of child) \_\_\_\_\_  
to receive the above medication at the Fort Wayne Animal Care & Control Day Camp. I understand that the person dispensing the medication may not be medically trained. I agree to inform the Fort Wayne Animal Care & Control Supervisor(s) immediately of any changes relating to the medication or other medical information, including changes in when or if the medication is taken or any reaction to the medication. When medication is discontinued or upon completion of the camp, I will pick up all unused medication. Unclaimed medications may be discarded or destroyed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_