

**Marietta College
Summer Honors Institute**

Permission to Administer Medication

Parts A,B, and C Must Be Completed in Their Entirety and Submitted to the Camp Director
Before Medication Can Be Administered

Part A

Participant's Name: _____

Carma Schilling, the designated nurse of the Summer Honors Institute, has my permission to administer medication to _____ as prescribed in "Part B".

Date

Parent or Guardian Signature

Part B

Medication and Dosage: _____

Time or Interval(s) to be given: _____

Date medication is to start: _____

Date medication is to be discontinued: _____

Medication and Dosage: _____

Time or Interval(s) to be given: _____

Date medication is to start: _____

Date medication is to be discontinued: _____

Medication and Dosage: _____

Time or Interval(s) to be given: _____

Date medication is to start: _____

Date medication is to be discontinued: _____

Part C

Adverse reactions that should be reported to a physician or dentist

Part D
(Optional)

Any additional information you feel would be helpful for the nurse to know regarding your child and his/her medication(s) or medical condition.
