



Beaver Lake Day Camp
189 Southwoods Drive
Monticello, NY 12701

BLDC Medication Form

I hereby request and authorize the Beaver Lake Day Camp (BLDC) personnel to administer medication to my child as directed by my physician. I agree to release, indemnify and hold harmless BLDC and any any of its officers, staff members or agents from lawsuit, claim demand, or other action against them for administering medication to this camper.

BLDC will make all reasonable efforts to give medication in a timely fashion, but the final responsibility for administration of medication rests with the parents. Please note that we require that all medications be in the original prescription bottle or packaging.

PLEASE PRINT CLEARLY

Camper Full Name: _____

Date of Birth: _____

I, _____, give permission for my child to receive the following medication as directed by a physician:

Instructions: Please Print Clearly-

Signature: _____

Print Name: _____

Cell Phone Number: _____

Prescribing Physician's Name: _____

Prescribing Physician's Phone Number: _____

Emergency Contact Name and Phone Number: _____