



(Please Complete Both Sides)

Parental Release and Permission for Administration of Medication

I, _____ parent/legal guardian of
_____ request that the medication(s) be given to my son/daughter as designated
by me on the completed "Daily Medication Log", during the camp session of _____ by authorized
Brethren Retreat personnel.

I also agree to hold the Brethren Retreat at Shipshewana Lake, and the Administrator of Medications harmless when medication is administered to my child(ren) as specified by me on the "Daily Medication Log", except for an act or omission amounting to gross negligence or willful and wanton misconduct.

Signed: _____ Date: _____

9095 W 275 N Shipshewana, IN 46565

www.brethrenretreat.org

Office: 260.768.4519

Emergency: 260.336.2470

Daily Medication Log

(Please Complete Both Sides)

Rx MUST be presented in the original container & with dosage for the event period only

Name:

Date of Camp:

Picture *(supplied by camp)*

Medication * Dosage & Frequency * Time

D1

D2

D3

D4

D5

D6

D7

	D1	D2	D3	D4	D5	D6	D7	

Parent/Guardian Signature: _____

Initials of Medication Administrator: _____ Signature: _____