

**FOREST LEARNING LAB EMERGENCY ACTION
AND MEDICATION FORM**

I _____, (parent/guardian full name) authorize The Parklands of Floyds Fork to administer the prescribed and/or emergency medication described below to _____ (child's full name) as needed during The Parklands of Floyds Fork camp program.

**Medication must be given to Parklands staff in a medication bottle with the child's name and medication expiration date clearly printed on the bottle.*

Name of Medication: _____

Dosage Instructions: _____

Other Notes: _____

Dates of your child's camp(s):

The process will be as follows:

1. 21st Century Parks, Inc. team member will administer medication at assigned time or during emergencies
2. 21st Century Parks, Inc. team will notify person(s) on camper's Health History Form in case of emergency
3. 21st Century Parks, Inc. team may notify appropriate park & emergency service personnel as needed

Please sign if you agree to the above terms:

Signature _____ Date _____

Relationship to Camper _____

Emergency Contact # () -