



Come Play on Our River Day Camp
 263 Main Street, Doaktown, NB E9C 1A9
 TEL: 506-365-7787 / FAX: 506-365-7359
 Email: comeplay@nb.aibn.com
 Facebook : *Come Play on Our River*

MEDICATIONS RELEASE

I, _____,
 (full name of parent / guardian)

hereby give permission for the staff of the *Come Play on Our River* Day Camp (operating under the supervision of the Atlantic Salmon Museum) to administer to my child the medication listed below in any emergency situation which might occur. No other medication except that listed below shall be administered without my direct consent, except by trained medical professionals.

(1) Allergy/Condition: _____

Medication: _____

Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

(2) Allergy/Condition: _____

Medication: _____

Dosage: _____

When to Administer: _____

How to Administer: _____

Additional Comments: _____

 (Date)

 (Signature)