

**FORT HOPE SUMMER DAY CAMP  
TYLENOL & NEOSPORIN PERMISSION SLIP**

Dear Parents/Guardians,

During the course of the camp we may, on occasion, need to administer some over the counter medications. We keep Neosporin with pain reliever and Children's Tylenol on hand. Please sign and return the document below if you would like us to administer either medication when necessary. We are willing to apply Neosporin on any injury that breaks the skin. Tylenol would only be administered at your request during a phone conversation in the case of severe pain (ie. headache or toothache).

The law allows any person to assist in carrying out a physician's recommendation. Fort Hope Summer Day Camp recognizes the desirability of following a physician's recommendations as early as possible during camp, just as a parent at home or other person if the physician requests his or her assistance. All parties who sign this form recognize the fact that this is a service or accommodation which Fort Hope Summer Day Camp is not legally required to perform. In so signing, the Parents/Guardians agree to hold the Fort Hope Summer Day Camp and its personnel free from any or all suits which might arise out of these arrangements.

It is understood that the Fort Hope Summer Day Camp is not legally obligated to administer medication to our child and therefore, we agree to hold Fort Hope Summer Day Camp and its employees and volunteers free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment/suit arising out of these arrangements which may be rendered against them.

We the undersigned, who are the Parents/Guardians of \_\_\_\_\_ request that Neosporin with pain reliever and/or Tylenol be administered to our child in accordance with Fort Hope Summer Day Camp's injury policy. I will notify Fort Hope Summer Day Camp immediately if my child is unable to use Neosporin with pain reliever.

Parent/Guardian Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* Both Parent/Guardian must sign if they are living with or have custody of the child.**

**My child, \_\_\_\_\_ is allergic to Children's Tylenol DO NOT ADMINISTER.**

**My child, \_\_\_\_\_ is allergic to Neosporin with pain reliever, DO NOT ADMINISTER.**