REFUSAL TO PROVIDE MEDICATION FORM

SCHOOL/DAYCARE/CAMP PROGRAM SITE: Yampatika Summer Camp

From: _____
(parent/guardian name)

Regarding: _____ Date of Birth: _____
(child's name)

When I enrolled my child at your school/site, I informed you that my child has the following medical condition _____. However, at this time I do not wish to supply you with any medication for the above-mentioned condition and I take full responsibility for any reactions or problems related to my child's condition while he/she is in your care. I acknowledge that I have been informed that if any emergency situation occurs, 911 will be called to provide care for my child. I also understand that if 911 is called, I am financially responsible for any bills incurred.

I have reviewed this with my child's medical care provider.

Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	