



- 1) Fill out this form
- 2) Download, sign, and email to:

[office@monkeybusinesscamp.com](mailto:office@monkeybusinesscamp.com)

Send by Tuesday before camp.

## Medications Carrying Waiver-Permission for Child to Carry Themselves

I give permission for my child \_\_\_\_\_,

to carry their own (please enter in all details about medications/equipment on this line)

\_\_\_\_\_

while at any Monkey Business Camp program so that they can administer it themselves if needed. I understand that if my child needs staff assistance to administer the medication, this may delay the time it would take, therefore I relieve Monkey Business Camp and its employees of any responsibility or liability in such a situation. This will be in force until I contact Monkey Business Camp to tell them otherwise.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Office use only:** Enter details to child's medical form in CB, e.g. Ongoing permission to carry with own belongings (enter what medication), so will be printed on SNA report for staff.

When receiving a hard copy from camper binder, scan and save to MBC online files (search for medication waiver to know location).