



CAMP VICTORY TEXAS, INC.
Medical Release Form

I, _____ (Parent/Guardian/Counselor), am releasing
_____ (Little Buddy) to the care of Camp Victory Texas, Inc. at
_____ am on **August 9, 2024.**

_____ I give permission to CVTI to administer all medication as previously submitted on the
Permission to Dispense Medication Waiver.

In addition, I authorize the administration of over-the-counter medications on an as-needed basis:

_____ Not Authorized

_____ Authorized

_____ is allergic to _____

_____ NO known allergies

I will pick up the Little Buddy at the main entrance at Camp Allen at **2:00 on Sunday, August 11, 2024.**

Signature

Printed Name

Phone # _____ Date: _____