



*Sterling House*  
COMMUNITY CENTER

*Sterling House*  
**STERLING HOUSE CAMP**  
2283 Main Street  
Stratford, CT 06615  
203.378.2606

## Medication Waiver

I choose to send my child to Sterling House Day Camp without the medication, allergy treatment or other prescribed item that is present on their Health Assessment Record.

I understand Sterling House Day Camp will not be held responsible for any medical reactions or inability to react to an allergy with proper treatments that would alleviate symptoms. I fully understand it is my choice to send my child to Sterling House Day Camp without medications noted by their medical professional.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication not submitted:

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Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Phone # \_\_\_\_\_