

Name of Camper _____ Camp _____

1. Medication _____ Dosage _____

Time (s) to be given _____

To be given from (date) _____ to _____

Significant Information (includes side effects, toxic reactions and omission reactions)

Contraindications for administration

2. Medication _____ Dosage _____

Time (s) to be given _____

To be given from (date) _____ to _____

Significant Information (includes side effects, toxic reactions and omission reactions)

Contraindications for administration

3. Medication _____ Dosage _____

Time (s) to be given _____

To be given from (date) _____ to _____

Significant Information (includes side effects, toxic reactions and omission reactions)

Contraindications for administration

This medication will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information (e.g. the name of the child, medication dispensed, dosage required, and the time it is to be given.)

Physicians Signature _____ Date _____ DEA # _____

Parents Permission:

I hereby give my permission for my child (named above) to receive medication during camp. This medication has been prescribed by a licensed physician. I hereby release the camp and their agents/employees from any and all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature _____ Date _____ Phone _____

-Camp use only-

Name and title of person to administer medication _____

Approved by _____ Date _____