



Request for Medication to be Given During Camp

(to be completed by Parent / Guardian)

Camper Name _____ Cabin # _____ Session # _____

I request that my child, _____ be monitored/ allowed to take the following prescribed medication(s) and non-prescribed medication(s) while she is at camp.

Note: We are unable to give any prescribed medication at a different time, dosage or frequency that is different from the pharmacy label on the medication bottle. You must have a written prescription or letter addressed to us and signed by your child's doctor. This letter must state specifically the time, dosage, and frequency of each named medication.

Name of Medication: _____ Number of Pills: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Name of Medication: _____ Number of Pills: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Name of Medication: _____ Number of Pills: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Name of Medication: _____ Number of Pills: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Parent Name: _____ Signature: _____

Date: _____ Home Phone: _____ Work Phone: _____