



# Request for Medication to Be Given During Camp

(To be filled out by parent/guardian)



Camper Name \_\_\_\_\_

Cabin # \_\_\_\_\_

Camper Birthday \_\_\_\_\_

Session # \_\_\_\_\_

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

**\*\*We cannot give prescribed medication at a time, dosage or frequency that differs from the pharmacy label on the medication bottle without a written prescription or letter addressed to us and signed by your child's doctor, including the time, dosage, and frequency of each listed medication.**

Instructions: Please fill out "dosage" section listing the amount of medication in number of pills, sprays, puffs, mL. If your child is taking the same medication in different dosages, please fill out the request as separate logs.

Name of Medication: \_\_\_\_\_ # of Pills in Container upon Check-in: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other \_\_\_\_\_

Name of Medication: \_\_\_\_\_ # of Pills in Container upon Check-in: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other \_\_\_\_\_

Name of Medication: \_\_\_\_\_ # of Pills in Container upon Check-in: \_\_\_\_\_

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: \_\_\_\_\_