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 _________________

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Date of Prescription: ___________ Dosage: ___________ Frequency: ___________
Reason for Medication: ___________________________
Special Instructions: ___________________________
Time(s): ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Night Time ☐ As Needed ☐ Other _________________

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Parent Name: ___________________________ Signature: ___________________________
Date: ___________ Home Phone: ___________________________ Work Phone: ___________________________

Revised 6/2/2023