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: ___________________________ Time(s): ___________________________
Special Instructions: ___________________________
Reason for Medication: ___________________________

Name of Medication: ___________________________ Number of Pills: ___________________________
Date of Prescription ___________________________ Dosage: ___________________________
Frequency: ___________________________ Time(s): ___________________________
Special Instructions: ___________________________
Reason for Medication: ___________________________

Name of Medication: ___________________________ Number of Pills: ___________________________
Date of Prescription ___________________________ Dosage: ___________________________
Frequency: ___________________________ Time(s): ___________________________
Special Instructions: ___________________________
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Frequency: ___________________________ Time(s): ___________________________
Special Instructions: ___________________________
Reason for Medication: ___________________________

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