

Parents: Please use this form if your child needs to take any medication during camp. This will make it much easier for your child's sponsor to administer medications correctly. Please sign.

Make sure all medications are in original containers with doctor's contact information and clear instruction on dosages. (DO NOT put loose pills in a zip lock bag)

Turn all medications in to your camp sponsor. For the safety of all campers, DO NOT leave any medication (prescription or over-the-counter) in your child's possession.

### Child's Medication Dosage Form

Child's Full Name (print)		Age	DOB
Name of Medication	Dosage Amount	AM time	PM time
1.			
2.			
3.			
4.			
Additional instructions:			
Parent/Guardian Signature			Date