



**4-H Wild West Camp**

**MEDICATION PERMISSION SHEET**

*Please complete a separate sheet for each medication*

*Mail this completed form with the Camper Enrollment documents packet to the Camp Registrar. On check-in day bring the camper's medications in their original, currently dated containers. Nonprescription drugs will be administered only after consultation with the Parent/ Responsible Adult.*

Camper's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

If Prescription: Pharmacy \_\_\_\_\_ RX NO \_\_\_\_\_

Possible Side Effects or include pharmacy insert stapled to this form: \_\_\_\_\_

\_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date \_\_\_\_\_

Times of Day to be administered: \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific conditions when contact should be made with the physician: \_\_\_\_\_

\_\_\_\_\_

Other special instructions: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/ Responsible Adult)

Telephone Number(s) \_\_\_\_\_

\_\_\_\_\_

Do not write below this line:

**Consultation with Camp Health Officer on opening day of camp:**

**Parent's signature:** \_\_\_\_\_

