



4-H Junior Wildlife Stewards Camp

MEDICATION PERMISSION SHEET

Campers Name: _____

Name of Prescribing Doctor: _____

Name of Medication: _____

If Prescription: Pharmacy _____ RX NO _____

Possible Side Effects: _____

Instructions

Dosage Amount: _____ Begin Date: _____ End Date _____

Times of Day to be administered: _____

Date: _____ Signature: _____

(parent)

Telephone Number(s) _____

Camp Nurse: Fill in date, time and initials whenever dispensing medicine

Date	Time	Initials	Date	Time	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISPOSITION OF MEDICINE: Returned to parents _____ Date _____
Disposed of _____

This form is to be placed in the campers file when medication is complete
PLEASE NOTE: Nonprescription drugs will be administered only after consultation with the
parents as to medical necessity.