



MEDICATION PERMISSION FORM

Please complete a separate sheet for each medication

- *On check-in day bring the camper's medications in their original currently dated containers.*
- *Nonprescription drugs will be administered by the camp health director to deal with routine health issues that come up at camp to meet the child's needs.*

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: _____

