



Request for Medication to Be Given During Camp



(To be filled out by parent/guardian)

Camper Name _____

Cabin # _____

Camper Birthday _____

Session # _____

I request that my child, _____ be monitored/ allowed to take the following prescribed medication(s) and non-prescribed medication(s) while (s)he is at camp.

****We cannot give prescribed medication at a time, dosage or frequency that differs from the pharmacy label on the medication bottle without a written prescription or letter addressed to us and signed by your child's doctor, including the time, dosage, and frequency of each listed medication.**

Instructions: Please fill out "dosage" section listing the amount of medication in number of pills, sprays, puffs, mL. If your child is taking the same medication in different dosages, please fill out the request as separate logs.

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Name of Medication: _____ # of Pills in Container upon Check-in: _____

Date of Prescription: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Time(s): Breakfast Lunch Dinner Night Time As Needed Other _____

Parent Name: _____ Signature: _____

Date: _____ Home Phone: _____ Work Phone: _____