



REQUEST FOR ADMINISTRATION OF MEDICATION

Dear Parent:

If your child needs to take medication during the camp day, please follow the instructions listed below:

Please give all of the medication to the your child’s counselor on the first day of camp. The medication should be labeled with your child’s full name. Do not give any mediation to your child to distribute.

In order to give your child any prescribed medication we need the following:

- 1. Medication in its original container.
2. Camper’s name clearly labeled on the container.
3. If the medication is over the counter, please send in a doctor’s note prescribing the medication with time and dosage.
4. The completed Request for Administration of Medication below.

Request for Administration of Medication

I hereby request that my child, _____ take mediation during the camp day.

Name of medication _____

Dosage _____

Time to be given _____

Days to be given _____

Parent/Guardian Name

Date

Parent/Guardian Signature

Phone Number

Please return to office with medication. Thank you.