Please use this form to request dispensing of medication for your child and be sure to complete it entirely.	Please use this form to request dispensing of medication for your child and be sure to complete it entirely.
Camper Name:	Camper Name:
Parent(s) Name:	Parent(s) Name:
Daytime Phone Number:	Daytime Phone Number:
Name of Medication:	Name of Medication:
Reason for Medication:	Reason for Medication:
Dosage:	Dosage:
Time to be given:	Time to be given:
Effective Dates (at camp):	Effective Dates (at camp):
From: To: Special Instructions:	From: To: Special Instructions:
Parent Signature Date	Parent Signature Date
Please use this form to request dispensing of medication for your child and be sure to complete it entirely.  Camper Name:	Please use this form to request dispensing of medication for your child and be sure to complete it entirely.  Camper Name:
Parent(s) Name:	Parent(s) Name:
Daytime Phone Number:	Daytime Phone Number:
Name of Medication:	Name of Medication:
Reason for Medication:	Reason for Medication:
Dosage:	Dosage:
Time to be given:	Time to be given:
Effective Dates (at camp):	
<u></u>	Effective Dates (at camp):
From: To: Special Instructions:	Effective Dates (at camp):  From: To: Special Instructions: