

Please use this form to request dispensing of medication for your child and be sure to complete it entirely.

Camper Name: _____

Parent(s) Name: _____

Daytime Phone Number: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Time to be given: _____

Effective Dates (at camp):

From: _____ To: _____

Special Instructions:

Parent Signature

Date

Please use this form to request dispensing of medication for your child and be sure to complete it entirely.

Camper Name: _____

Parent(s) Name: _____

Daytime Phone Number: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Time to be given: _____

Effective Dates (at camp):

From: _____ To: _____

Special Instructions:

Parent Signature

Date

Please use this form to request dispensing of medication for your child and be sure to complete it entirely.

Camper Name: _____

Parent(s) Name: _____

Daytime Phone Number: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Time to be given: _____

Effective Dates (at camp):

From: _____ To: _____

Special Instructions:

Parent Signature

Date

Please use this form to request dispensing of medication for your child and be sure to complete it entirely.

Camper Name: _____

Parent(s) Name: _____

Daytime Phone Number: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Time to be given: _____

Effective Dates (at camp):

From: _____ To: _____

Special Instructions:

Parent Signature

Date