ADMINISTRATION OF MEDICATIONS PERMISSION FORM

Name of camper:				Camp Week	
Name of parent/guardian				Phone ()	
Medication					
Reason for medication					
Dosage	Brkfst	Lunch	Dinner	Evening Other	
Special Instructions for:					
Administration (w/ food, 1	hour before	meal) _			
Storage:					
Possible side effects					
Discontinue if					
Medication					
Reason for medication					
Dosage	Brkfst	Lunch	Dinner	Evening Other	
Special Instructions for:					
Administration (w/ food, l	hour before	meal) _			
Storage:					
Possible side effects					
Discontinue if					
Madigation					
Medication					
Reason for medication	Drlefet	Lunch	Dinnor	Evaning Other	
Dosage Special Instructions for:	DIKISU	Lunch	Diffile	Evening Other	
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	nour before	mear)_			
Storage:					
Possible side effects					
Discontinue if					
M. Hardin					
Medication					
Reason for medication	D 1 C 4	т 1	D.	F ' 04	
Dosage	Brkfst	Lunch	Dinner	Evening Other	
Special Instructions for:	1 0	45			
Storage:					
Possible side effects					
Discontinue if					
Parent/Guardian Signature				Date	