

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, 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, hour before meal) _____
Storage: _____
Possible side effects _____
Discontinue if _____

Medication _____
Reason for medication _____
Dosage _____ Brkfst Lunch Dinner Evening Other _____
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Reason for medication _____
Dosage _____ Brkfst Lunch Dinner Evening Other _____
Special Instructions for:
Administration (w/ food, hour before meal) _____
Storage: _____
Possible side effects _____
Discontinue if _____

Parent/Guardian Signature _____ Date _____