



The SAL Day Camp Medication Form

Note: The SAL program staff cannot administer medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: must be signed by a parent or guardian and physician (the prescription bottle serves as the physician's signature).

All prescriptions must be in the original container.

Over-the-Counter Medications: must be signed by parent or guardian, however physician information is still necessary.

Please inform us of any changes to medicine routine.

To be completed by parent: I give my permission for The Salvation Army Day Camp to give or apply the medication _____
(specify prescribed medication/over the counter product)

To my child _____ as follows:

Directions:

1. Date to Begin Giving medication:	2. Date to Stop Medication:
3. Times Medication is to be given:	4. Amount Dosage of Medication given each time
5. Storage of Medication	6. Other Dirctions:
Signature of Parent:	

To Be Completed by the caregiver giving the medication:

Child's Name: _____

[illegible]