





(Please bring this form, along with your child's medication at the beginning of each week.)

I give permission for the camp director/ assistant director to dispense medication to my child per the following directions:

Camper's	Name:				
Medicatio	n 1:				
Dosage:					
Dispense a	at the followin	g time(s):			
On the foll	owing day(s):_				
Potential s	side effects (if	any):			
Prescribin	g physician (n	ame, address a	and phone #	<del>'</del> ): 	
Medication	n 2:				
		ame, address a			
Date	Time	Route	ID Chk	Pill Count	Signature