

Medicine Administration Form



MEDICATION POLICIES

FAMILY PHYSICIAN _____ PHONE NUMBER _____

Address _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____

Administration of medication to a child while at our facility *must be accompanied by a written medication instruction form from the pharmacist*. All medication must be in the original container with the child's full name, date of purchase, and correct dosage. Nonprescription drugs will only be administered for one day only without authorization of a physician in writing.

Signatures:

Physician _____ Date _____

Parent/Guardian _____ Date _____

Recreation Coordinator _____ Date _____

Medication _____ RX Number _____

Instructions for Medication: _____

**All signatures must be on form prior to camp staff administering medicine*

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