



## Medicine Administration Release and Directions

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Week of Camp \_\_\_\_\_

Medication Required	Dosage Amount	Date	Time Requested	Time Administered	Administered by (signature)

Medication or special medical procedures shall be administered to a child only when there is a written, signed and dated request from the parent/guardian. Prescription drugs and other medications must be in the original containers and clearly labeled with the child's name, dosage schedule and other directions. The actual time and dosage of medication will be recorded by staff and reported to parent/guardian daily.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_