



MEDICINE ADMINISTRATION RELEASE AND DIRECTIONS

Child's full name: _____ Age: _____ Camp week: _____ Camp group name: _____

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

Notes: _____

- Please check one: Medicine should be sent home each afternoon.
 Medicine should be sent home at the end of the week.

Medication or special medical procedures shall be administered to a child only when there is a written, signed & 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 returned with the medication.

Parent/Guardian Signature _____ Date _____



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