



Medication Administration Form

Please note form must be filled out for every session camper is enrolled.

Child's Name	Child's Camp	Child's Age
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Medication	Amount	Time
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On these days and dates indicated: ___Mon ___Tues ___Wed ___Thur ___Fri

Reason for Medication

Number of pills in bottle	Special Instructions
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Parent Signature	Date
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Physicians Signature	Date
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Medication must be in original bottle. Prescribed drugs will only be given at the dosage indicated on the prescription bottle label. Over the counter medication will only be dosed according to dosage on the label. Please only leave enough pills for each week.